

	Type of Statement						
□ NEW	□ NEW ☑ AMENDED						
	IN MILITIES						
This committee is registering with the Virginia State Board of Elections for the first time.	This committee is filing an amended Statement of Organization.						
	Date Changes Took Effect	SBE-issued Committee ID					
	03/31/2014	RC-14-00063					
Name of Committee							
Norfolk Citizens for an Elected School Full Name of Committee	ol Board PAC						
NCESB PAC							
Committee Acronym (if applicable)							
	Committee Mailing Address						
1039 East Ocean View Avenue		<b>A</b>					
Street Address/PO Box		Suite #					
Norfolk	VA	23503-2011					
City	State	Zip Code					
NorfolkElectedSchoolBoard@Gmail.com		(757) 701-2300					
Email Address	Business Phone						
Committee Website							
Aft	filiated Organization or PA	C					
Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:							
Norfolk Citizens for an Elected School	ol Board LLC						
Full Name of Affiliated Organization							
1039 East Ocean View Avenue		A					
Street Address/PO Box		Suite #					
Norfolk	VA	23503-2011					
City	State	Zip Code					
Parent							
Relationship of this Committee to Affiliated Orga	nization						



Microsoft.SqlServer.Dts.Pipeline.BlobColumn  Referendum Purpose – Briefly describe the subject of the referendum  11/04/2014  Date of Referendum  Scope of Referendum:  Statewide  Local (name of county/city/town: Norfolk						
11/04/2014  Date of Referendum:  Scope of Referendum:  Statewide  Local (name of county/city/town: Norfolk )  Regional (describe the region:)  Position on Referendum:  Support  Doppose						
Scope of Referendum:  □ Statewide □ Local (name of county/city/town: Norfolk ) □ Regional (describe the region:)  Position on Referendum: □ Support □ Oppose						
□ Statewide □ Local (name of county/city/town: Norfolk						
□ Local (name of county/city/town: Norfolk     □ Regional (describe the region:						
□ Regional (describe the region:)  Position on Referendum: □ Support □ Oppose						
Position on Referendum:  □ Support  ☑ Oppose						
□ Support ☑ Oppose						
<b>▼ Oppose</b>						
a						
Committee Depository						
Wells Fargo						
Name of Primary Financial Institution Name of Other Financial Institution (if applicable)	Name of Other Financial Institution (if applicable)					
Norfolk VA						
City State City State						
Address Where Books are Maintained						
1039 East Ocean View Avenue A						
Address Where Books are Street Address (P.O. Boxes are not acceptable) Suite #						
Maintained Norfolk VA 23503-2011						
City State Zip Code						
Committee Activity						
Discourse ideals following dates (If an action has not not accounted fon this committee somite (NI/A.")						
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")						
Date first contribution accepted: 02/04/2014						
Date first expenditure made:						
Date committee depository designated: 02/03/2014						
Date treasurer appointed: 01/25/2014						



Treasurer						
Treasurer Information	Mr Gronka Salutation Last Name NorfolkElectedSchoolBe Email Address	Dennis First Name pard@Gmail.com	Middle Name (757) 701-2300  Daytime Phone #	Suffix		
Treasurer Residential Address	1039 East Ocean View A Street Address Norfolk City	VA State		3503-2011 p Code		
Treasurer Business Address	1039 East Ocean View Avenue Street Address/P.O. Box Suite #  Norfolk VA City State Principal Custodian of the Books		8 <b>503-2011</b> p Code			
Principal Custodian Information	☐ Check this box if the Princip are the same person, skip this some the same person, skip this some the same person, skip this some salutation Last Name  NorfolkElectedSchoolE Email Address  Custodian  Position or Title	al Custodian of the Books in ection.  Dennis  First Name	Middle Name (757) 701-2300 Daytime Phone #	reasurer. If they Suffix		
Principal Custodian Residential Address	1039 East Ocean View Avenue A Street Address Apt #		<b>3503-2011</b> p Code			
Principal Custodian Business Address	1039 East Ocean View Andress/P.O. Box Norfolk City	Avenue VA State		<b>3503-2011</b> p Code		



Filing Method				
Please indicate the method by which this committee will submit its	campaign finance reports:			
☑ File electronically using SBE's VAFiling Application.				
☐ File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor:)				
☐ File paper reports.  (By choosing this option, I affirm that this committee do of \$10,000 during the calendar year)	pes not intend to accept contributions or make expenditures in excess			
Signature	Date			
Statement of Treasurer				
<b>Definition of Referendum Committee:</b> §24.2-945.1 "Referendum committee, that makes expenditures in a calendar year in excess of (referendum, (ii) \$5,000 to advocate the passage or defeat of a referendum held in a single court	i) \$10,000 to advocate the passage or defeat of a statewide ndum being held in two or more counties and cities, or (iii) \$1,000 to			
filing this form on or after October 1 and before the November elector the committees activities within 24 hours of filing its Statemen	4.2-949.6 & §24.2-949.6 (D) requires any political action committee tion day in any odd numbered year (i) to file a campaign finance report t of Organization and (ii) to file reports within 24 hours of receiving the period between the date of filing its statement of organization and			
required by the Code of Virginia for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ds in a timely manner. Civil penalties will be assessed in the manner			
Signature	<del>Date</del>			



### **Instructions for Completing This Form**

#### **General Guidelines**

- 1) Referendum committees must submit the original, signed version of this form to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219. Facsimiles and copies will not be accepted.
- 2) This form must be written in ink or typed or it will be rejected.
- 3) All requested information on the form is required unless otherwise noted below.
- 4) An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in the *Code of Virginia*.

### **Type of Statement**

1) Check the box that applies to the type of Statement that you are filing.

#### **Name of Committee**

1) Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

#### **Committee Mailing Address**

- 1) Insert the committee's primary mailing address.
  - \*§24.2-952.1 states that referendum committee must have an address that is located within the boundaries of the Commonwealth.
- 2) Insert the committee's primary business phone and fax number.
- 3) Insert the Committee's e-mail address.
  - \*This information is required if your committee intends to file electronically. Otherwise, it is optional.

#### **Area, Scope and Jurisdiction**

- 1) Indicate whether the committee is supporting or opposing the referendum in question.
- 2) Briefly describe the subject of the referendum.
- 3) Indicate the date of the referendum.
- 4) Indicate which locality in which the referendum is being held.

#### **Committee Depository**

- 1) Insert the name and address of the committee's depository (Bank Name).
- 2) Insert the name and address of the committee's secondary depository (if one).
  - \*Depositories must be in an account located within the Commonwealth.

#### **Affiliated Organizations**

1) Indicate the name and address of any affiliated organization. Please attach additional sheets if the committee has more than one affiliated organization.



### **Instructions for Completing This Form (cont.)**

#### **Treasurer and Books Information**

- 1) Treasurer
  - a) Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms.
    - \*Note: The Treasurer must be a resident of the Commonwealth of Virginia.
  - b) Email Address

\*Note: An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.

- 2) Custodian of the Books
  - a) Insert the name and business and residential address of the custodian of the books (if one).

#### Filing Method

1) Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

#### **NOTE**

\*Referendum Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by § 24.2-951.8 to file electronically.

- VAFiling Option
  - If you choose to file electronically, log into the following Web site address: https://cf.elections.virginia.gov
- Approved Vendor Option
  - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying penalties for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>