

Type of Statement			
□ NEW	AMENDED		
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	
	02/05/2020	PAC-14-00001	
	Name of Committee		
2023 PAC			
Full Name of Committee			
Committee Acronym (if applicable)			
☐ Check this box if this committee is establi	shed or controlled by a cornorat	ion doing business in Virginia	
(Committee Mailing Address		
DO Doy 74506			
PO Box 71596 Street Address/P.O. Box		Suite #	
Richmond	VA	23255	
City	State	Zip Code	
john@forestcs.com	Succ	(804) 270-0791	
Email Address	Business Phone		
Zindi Address		Dusiness I note	
Committee Website		_	
	filiated Organization or PA	C	
\Box Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:			
Full Name of Affiliated Organization			
Street Address/P.O. Box		Suite #	
City	State	Zip Code	
Relationship of this Committee to Affiliated Orga	nization		



Purpose of Committee			
Indicate the purpose of this Committee (please be as specific as possible):			
To promote the election of conservativ	e women		
Candi	dates this Committee (skip to next section if suppo	ee Supports or Opposes orting a specific party)	
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
Candidate Sheet Attached with 3 Candidates			
(attach additional sheets if more space needed)			
Area, Scope and Jurisdiction of the Committee			
This Committee intends to participate in elections on the following levels: (check all that apply)			
 X Statewide elections X General Assembly elections X Local elections 			
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in: 1) Lynchburg City 4) 5) 5) 6)			



Treasurer				
	Mr. Selph	John	G.	
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix	
	john@forestcs.com	((804) 270-0791	
	Email Address	D	Paytime Phone #	
	9521 Meadowview Road			
Treasurer Residential	Street Address	Apt #		
Address	Richmond	VA 23294		
	City	State	Zip Code	
	PO Box 71596			
Treasurer Business Address	Street Address/P.O. Box	Suite #		
Treasurer Business Address	Richmond	VA	23255	
	City	State	Zip Code	
	Principal Custo	dian of the Books		
	☐ Check this box if the Principal Care the same person, skip this section Mr. Selph		the same person as the Treasurer. If they G.	
Principal Custodian	Salutation Last Name	First Name	Middle Name Suffix	
Information	john@forestcs.com	(804) 270-0791		
	Email Address Daytime Phone #			
	Principal			
	Position or Title			
Principal Custodian	9521 Meadowview Road			
Residential Address	Street Address		Apt #	
	Richmond	VA	23294	
	City	State	Zip Code	
	PO Box 71596			
Principal Custodian Business Address	Street Address/P.O. Box	Suite #		
Dusiness Address	Richmond	VA	23255	
	City	State	Zip Code	
Additional Officers (optional)				
Additional Officers	Delegate Kathy J. Byron	Ch	air	
	Full Name	Title	Daytime Phone #	
	Full Name	Title	Daytime Phone #	



Committee Depository				
Bank of America				
Name of Primary Financial Inst	titution		Name of Other Financial Inst	itution (if applicable)
Richmond	Richmond VA			
City	State	:	City	State
	A	ddress Where Boo	ks are Maintained	
	8501 Maylan	d Dr Ste 107		
Address Where Books are	Street Address (P.O. Boxes are not accep	are not acceptable) Suite #	
Maintained	Richmond		VA	23294
	City		State	Zip Code
		Committee	e Activity	
Please provide the following dates. (If an action has not yet occurred for Date contributions exceeded \$200: Date expenditures exceeded \$200: Date committee depository designated: Date treasurer appointed: 01/02/2014 01/02/2014		or this committee, write "N/A"	")	
		Filing M	Iethod	
Please indicate the method by which this committee will submit all required campaign finance reports: X File electronically using SBE's VAFiling Application. File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
Signature			Date	



Statement of Treasurer

Member or Employee Contributions not Required: Any stock or nonstock corporation, labor organization, membership organization, cooperative, or other group of persons may establish and administer for political purposes, and solicit and expend contributions for, a political action committee, provided that:

- 1. No political action committee shall make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisal, threat of force, or as a condition of employment.
- 2. Any person soliciting a contribution to a political action committee shall, at the time of solicitation, inform the person being solicited of (i) his right to refuse to contribute without any reprisal and (ii) the political purposes of the committee.

Committees Formed Between October 1 and Election Day: 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Use of Candidate Name: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

- the written authorization of the candidate consenting the use of his name; or
- the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

the political committee to identify which candidate is associated with	h the political committee.
and things of value which this political committee receives or experrequired by the <i>Code of Virginia</i> for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ands in a timely manner. Civil penalties will be assessed in the manner
Signature	 Date



Instructions for Completing This Form

Submit the original, signed copy of this form to SBE at:

1100 Bank Street Richmond, VA 23219

- This form must be written in ink or typed or it will be rejected.
- 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.

Type of Statement

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

*** 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.
- Check the box if this committee is established or controlled by a corporation which is headquartered outside of Virginia and is registered with the State Corporation Commission.

Committee Mailing Address

- Insert the committee's primary mailing address.
 - The address must be within the Commonwealth unless the affiliated organization is a business headquartered outside
 of the Commonwealth, but registered with the Virginia State Corporation Commission.
- Insert the committee's primary business phone, fax and email address.
- Insert the committee's website address (if one).

Affiliated Organization or PAC

- Please provide the name and contact information of the affiliated organization of the PAC.
- Indicate the nature of the relationship between the PAC and the affiliate.

Purpose of the Committee

• Indicate the primary purpose of the committee (e.g. health care, labor).

Candidate's Supported or Opposed

Indicate any and all candidates the committee intends to support or oppose.

Area, Scope and Jurisdiction of the Committee

Please choose the designation that applies.

Treasurer and Books Information

- Treasurer
 - o Insert the name, email and phone number of the treasurer.





- o Insert the residence address of the treasurer.
 - The treasurer must be a resident of the Commonwealth unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.
 *Note: The Custodian of the Books must be a resident of the Commonwealth of Virginia unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.
- Please list the names of any additional officers affiliated with the organization.

Committee Depository

- Insert the name of the committee's primary depository (Bank Name).
- Insert the address of the committee's secondary depository (if one).

 *Depositories must be in an account located within the Commonwealth unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.

Filing Method

- Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.
- Electronic Filing Option
 - o If you choose to file electronically, log into the following Web site address: https://cf.elections.virgin
- Approved Vendor Option
 - o 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 completely comply 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: http://www.sbe.virginia.gov/cms/Campaign_Finance/

Statement of Treasurer

• Please read and sign the Statement.

Candidates Supported or Opposed

1	Name: Bethany Harrison	Supported	PO Box 1414 Lynchburg VA 24505	
	Office Sought: Commonwealth's Attorney	Political Party: Republican		
	Name: Kathy J. Byron	Supported	523 Leesville Road Lynchburg VA 24502	
	Office Sought: House of Delegates	Political Party: Republican		
3	Name: Siobhan Dunnavant	Supported	PO Box 70849 Henrico VA 23255	
	Office Sought: State Senate	Political Party: Republican		