



Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement					
<p style="text-align: center;"><input checked="" type="checkbox"/> NEW</p> <p>This committee is registering with the Virginia State Board of Elections for the first time.</p> <p style="text-align: center;">PP-12-00184</p>	<p style="text-align: center;"><input type="checkbox"/> AMENDED</p> <p style="text-align: center;">This committee is filing an amended Statement of Organization.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Date Changes Took Effect</th> <th style="width: 50%;">SBE-issued Committee ID</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Name of Committee					
<p>8th Congressional District Republican Committee</p> <hr/> <p>Full Name of Committee</p>					
<p>Party Affiliation</p> <p><input type="checkbox"/> Democratic</p> <p><input checked="" type="checkbox"/> Republican</p>					
Committee Mailing Address					
<p>PO Box 26141</p>					
<p>Street Address/P.O. Box</p> <p>Alexandria</p> <p>City</p> <p>chris@electioncfo.com</p> <p>Email Address</p> <p>www.vagop8cd.org</p> <p>Committee Website</p>	<p>Suite #</p> <p>VA</p> <p>State</p> <p>22313</p> <p>Zip Code</p> <p>(571) 482-7690</p> <p>Business Phone</p>				
Area, Scope and Jurisdiction of the Committee (Please Check Only One)					
<p><input type="checkbox"/> National Party Committee</p> <p><input type="checkbox"/> State Party Committee</p> <p><input type="checkbox"/> Party Caucus</p> <p><input type="checkbox"/> County Party Committee (county: _____)</p> <p><input type="checkbox"/> City Party Committee (city: _____)</p> <p><input type="checkbox"/> Local Magisterial District (locality: _____ district: _____)</p> <p><input checked="" type="checkbox"/> Congressional District (district: <u>Congressional - 8th District</u>)</p> <p><input type="checkbox"/> Virginia House District (district: _____)</p> <p><input type="checkbox"/> Virginia Senate District (district: _____)</p>					



Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer				
Treasurer Information	Mr.	Marston	Christopher	M
	Salutation	Last Name	First Name	Middle Name
	chris@electioncfo.com		(571) 482-7690	
	Email Address		Daytime Phone #	
Treasurer Residential Address	110 Shooters Ct			
	Street Address			Apt #
	Alexandria	VA		22314
	City	State		Zip Code
Treasurer Business Address	PO Box 26141			
	Street Address/P.O. Box			Suite #
	Alexandria	VA		22313
	City	State		Zip Code
Principal Custodian of the Books				
Principal Custodian Information	<input type="checkbox"/> Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section.			
	Mr.	Marston	Christopher	M
	Salutation	Last Name	First Name	Middle Name
	chris@electioncfo.com		(571) 482-7690	
	Email Address		Daytime Phone #	
	Principal			
	Position or Title			
Principal Custodian Residential Address	110 Shooters Ct			
	Street Address			Apt #
	Alexandria	VA		22314
	City	State		Zip Code
Principal Custodian Business Address	PO Box 26141			
	Street Address/P.O. Box			Suite #
	Alexandria	VA		22313
	City	State		Zip Code
Additional Officers (optional)				
Additional Officers	Full Name		Title	Daytime Phone #
	Full Name		Title	Daytime Phone #



Statement of Organization POLITICAL PARTY COMMITTEE

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 **SBE Approved Vendor**

(Please indicate Name of Vendor:) _____

File paper reports.

(By choosing this option, I affirm that this committee: a) does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year; or b) is a county, city, or local district political party that files disclosure reports on paper with the electoral board of that county or city.)

Signature

Date

Statement of Treasurer

I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.

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 **any** 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.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for your committee.
- Check the Party Affiliation box.
 - At present, there are only two organizations which meet the legal definition of “political party”. All other organizations should complete the Political Action Committee Statement of Organization.
 - Women’s, youth and other auxiliary party clubs do not meet the legal definition of “political party”. These clubs should complete the Political Action Committee Statement of Organization.

Committee Mailing Address

- Insert the committee’s primary mailing address.
 - The address must be within the Commonwealth unless the committee is a National Party committee.
- Insert the committee’s primary business phone, fax and email address.
- Insert the committee’s website address (if one).

Area, Scope and Jurisdiction of the Committee

- Please choose the designation that applies.

Committee Activity

- Enter the information requested.

Candidate’s Supported or Opposed

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

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 committee is a National Party committee.

Address Where Books are Maintained

- Please list the address where the committee’s records are maintained.
 - This address must be in the Commonwealth unless the committee is a National Party committee.

**Treasurer and Custodian of the Books Information**

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

Filing Method

- Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.
- **Electronic Filing 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 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.