



Statement of Organization POLITICAL PARTY COMMITTEE

| Type of Statement | | | | | |
|---|--|--------------------------|-------------------------|------------|-------------|
| <input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. | <input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <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 style="text-align: center;">06/26/2018</td> <td style="text-align: center;">PP-12-00047</td> </tr> </tbody> </table> | Date Changes Took Effect | SBE-issued Committee ID | 06/26/2018 | PP-12-00047 |
| Date Changes Took Effect | SBE-issued Committee ID | | | | |
| 06/26/2018 | PP-12-00047 | | | | |
| Name of Committee | | | | | |
| Charlottesville Democratic Committee <hr/> Full Name of Committee | | | | | |
| Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican | | | | | |
| Committee Mailing Address | | | | | |
| P. O. Box 916 <hr/> Street Address/P.O. Box Suite # | | | | | |
| Charlottesville <hr/> City | VA <hr/> State | | | | |
| jason.a.vandever@gmail.com <hr/> Email Address | 22902 <hr/> Zip Code | | | | |
| (434) 970-3150 <hr/> Business Phone | | | | | |
| Area, Scope and Jurisdiction of the Committee (Please Check Only One) | | | | | |
| <input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> Party Caucus <input type="checkbox"/> County Party Committee (county: _____) <input checked="" type="checkbox"/> City Party Committee (city: <u>Charlottesville City</u>) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input type="checkbox"/> Congressional District (district: _____) <input type="checkbox"/> Virginia House District (district: _____) <input type="checkbox"/> Virginia Senate District (district: _____) | | | | | |



Committee Activity

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date first contribution accepted: 11/06/1995
 Date first expenditure made: _____
 Date committee depository designated: _____
 Date treasurer appointed: _____

Candidates this Committee Supports or Opposes

| Full Name and Address of Candidate | Office Sought | Party Affiliation | Support or Oppose? |
|------------------------------------|---------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(attach additional sheets if more space needed)

Committee Depository

| | |
|--|--|
| Virginia National Bank | |
| Name of Primary Financial Institution | Name of Other Financial Institution (if applicable) |
| Charlottesville | VA |
| City | State |
| City | State |

Address Where Books are Maintained

| | | | |
|---|--|-----------|--------------|
| Address Where Books are Maintained | 2210 Greenbrier Dr | | |
| | Street Address (P.O. Boxes are not acceptable) | | Suite # |
| | Charlottesville | VA | 22901 |
| | City | State | Zip Code |



Statement of Organization POLITICAL PARTY COMMITTEE

| Treasurer | | | | |
|--|--|-----------------|--------------|-----------------|
| Treasurer Information | | Vandever | Jason | A |
| | Salutation | Last Name | First Name | Middle Name |
| | Email Address | (434) 970-3150 | | |
| | | Daytime Phone # | | |
| Treasurer Residential Address | 2210 Greenbrier Dr | | | |
| | Street Address | | | Apt # |
| | Charlottesville | VA | 22901 | |
| | City | State | Zip Code | |
| Treasurer Business Address | P. O. Box 916 | | | |
| | Street Address/P.O. Box | | | Suite # |
| | Charlottesville | VA | 22902 | |
| | 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. | | | |
| | | Vandever | Jason | A |
| | Salutation | Last Name | First Name | Middle Name |
| | Email Address | (434) 970-3150 | | |
| | | Daytime Phone # | | |
| | Principal | | | |
| | Position or Title | | | |
| Principal Custodian Residential Address | 2210 Greenbrier Dr | | | |
| | Street Address | | | Apt # |
| | Charlottesville | VA | 22901 | |
| | City | State | Zip Code | |
| Principal Custodian Business Address | P. O. Box 916 | | | |
| | Street Address/P.O. Box | | | Suite # |
| | Charlottesville | VA | 22902 | |
| | 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.