

Type of Statement							
\Box NEW	X 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					
	09/27/2012	PAC-12-00007					
Name of Committee							
Women's Strike Force							
Full Name of Committee							
Committee Acronym (if applicable)							
X Check this box if this committee is established or controlled by a corporation doing business in Virginia							
	Committee Mailing Address						
763 J. Clyde Morris Boulevard		1-A					
Street Address/P.O. Box	Suite #						
Newport News	VA	23601					
City	State Zip Code						
info@womensstrikeforce.org	(757) 930-3660						
Email Address	Business Phone						
www.womensstrikeforce.org							
Committee Website							
Af	filiated Organization or PA	C					
Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:							
Woman's Strike Force LLC							
Full Name of Affiliated Organization							
763 J. Clyde Morris Boulevard		1-A					
Street Address/P.O. Box		Suite #					
Newport News	VA	23601					
City	State Zip Code						
Corporate Entity							
Relationship of this Committee to Affiliated Orga	anization						



Purpose of Committee

Indicate the purpose of this Committee (please be as specific as possible):

Support candidates who support woman's reproductive rights

Candio	lates this Committee (skip to next section if support	e Supports or Opposes rting a specific party)	
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
tach additional sheets if more space need	ed)		
Area,	Scope and Jurisdict	ion of the Committee	
This Committee intends to p	articipate in elections	on the following levels: (ch	eck all that apply)
Statewide elections			
General Assembly elections			
Local elections			
"Local Elections" is checked please list the	cities, counties and/or tow	ons the committee intends to be	active in:
1)			
2)	5)		



Treasurer						
	Ms. Abbott	Robin	Α.			
Treasurer Information	Salutation Last Name	First Name	Middle Name Su	ffix		
	info@womensstrikeforce.org		(757) 930-3660			
	Email Address	Daytime Phone #				
	708 Pilot House Drive					
Treasurer Residential Address	Street Address		Apt #			
Autross	Newport News	VA 23606				
	City	State	Zip Code			
	763 J. Clyde Morris Boulevard		1-A			
Treasurer Business Address	Street Address/P.O. Box	Suite #				
	Newport News	VA	23601			
	City	State	Zip Code			
	Principal Custodia	an of the Books				
Principal Custodian	 Check this box if the Principal Cust are the same person, skip this section. Ms. Abbott 	odian of the Books i Robin	is the same person as the Treasurer. I A.	If they		
	Salutation Last Name	First Name	Middle Name Su	ffix		
Information	info@womensstrikeforce.org		(757) 930-3660			
	Email Address		Daytime Phone #			
	Principal					
	Position or Title					
	708 Pilor House Drive					
Principal Custodian Residential Address	Street Address		Apt #			
	Newport News	VA	23606			
	City	State	Zip Code			
Principal Custodian Business Address	763 J. Clyde Morris Boulevard		1-A			
	Street Address/P.O. Box		Suite #			
	Newport News	VA	23601			
	City	State Zip Code				
	Additional Offic	ers (optional)				
Additional Officers	Katherine Waddell Katherine Wad	dell Katherine	Officer1 80424180	022		
	Full Name	T	itle Daytime Pho	one #		
	Full Name	Т	itle Daytime Pho	one #		



Committee Depository					
Wells Fargo					
Name of Primary Financial Ins	titution		Name of Other Financial In	nstitution (if applicable)	
Richmond	VA				
City	State	3	City	State	
	A	ddress Where Boo	ks are Maintained		
	763 J. Clyde	Morris Boulevard			
Address Where Books are	Street Address (P.O. Boxes are not accept		otable) Suite #		
Maintained	Newport News		VA	23601	
	City		State	Zip Code	
		Committee	e Activity		
Date contributions exceeded \$200: 03/12 Date expenditures exceeded \$200: 03/12 Date committee depository designated: 02/28		02/27/2012 03/12/2012 02/28/2012 02/26/2012		'A'')	
		Filing N	lethod		
 Please indicate the method by □ File electronically usi (Please indicate Name) □ File paper reports. (By choosing this \$10,000 during th 	ng SBE's VAFili ng an SBE Appr e of Vendor:) option, I affirm t	ing Application. roved 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.

□ 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.

*** 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
 - \circ $\;$ 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.

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
 - If you choose to file electronically, log into the following Web site address: <u>https://cf.el</u>ections.virgin
- 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: <u>http://www.sbe.virginia.gov/cms/Campaign_Finance/</u>

Statement of Treasurer

• Please read and sign the Statement.