

	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	
	03/02/2022	PAC-18-00021	
	Name of Committee		
Leadic Party Committee			
Full Name of Committee			
Tun Tunic of Committee			
Committee Acronym (if applicable)			
☐ Check this box if this committee is establi	shad or controlled by a cornerat	ian daing business in Virginia	
C	ommittee Mailing Address		
P.O. Box 303			
Street Address/P.O. Box		Suite #	
Aylett	VA	23009	
City	State	Zip Code	
lupso@inna.net		(804) 769-9500	
Email Address		<b>Business Phone</b>	
http://users.inna.net/~lupso/index.htm			
Committee Website			
Aff	iliated Organization or PA	C	
☐ Check this box if this committee is affiliated v	with another organization or PA	C. 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):				
The Leadic Party Committee purpose is	The Leadic Party Committee purpose is to support the creation of the Leadic Party			
Candidates this Committee Supports or Opposes (skip to next section if supporting a specific party)				
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?	
	<u> </u>	<u> </u>		
(attach additional sheets if more space need	led)			
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				
General Assembly elections				
Local elections				
TOWN TIPLE (* 2) should delive the deliver and a solution of the control of the c				
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:  1)				
2) 5)				
3)				



Treasurer					
	Starin	William	Stephen	Jr	
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix	
	lupso@inna.net	(80	04) 769-9500		
	Email Address	Day	Daytime Phone #		
	178 Peyton Lane				
Treasurer Residential Address	Street Address		Apt #		
Address	Aylett	VA	VA 23009		
	City	State	Zip C	ode	
	P.O. Box 303				
Treasurer Business Address	Street Address/P.O. Box	Suite #			
Treasurer Dusmess Address	Aylett	VA	230	09	
	City	State	Zip C	ode	
	Principal Cu	stodian of the Books			
Principal Custodian Information	☐ Check this box if the Princip are the same person, skip this so Starin Salutation Last Name lupso@inna.net	ection. William First Name	Stephen Middle Name  04) 769-9500	Jr Suffix	
	Email Address  Principal  Position or Title	Day	time Phone #		
	178 Peyton Lane				
Principal Custodian	Principal Custodian Street Address Ant		Apt #		
Residential Address	Aylett	VA	2300	)9	
	City	State	Zip C		
Delegated Contailing	P.O. Box 303 Street Address/P.O. Box		Suite #		
Principal Custodian Business Address		\/A	VA 23009		
	Aylett City	State	Zip C		
Additional Officers (optional)					
Additional Officers	Full Name	Title	Day	time Phone #	
	Full Name	Title	Day	time Phone #	



	Committee	Depository	
Atlantic Union Bank			
Name of Primary Financial Inst	titution	Name of Other Financial Institution	on (if applicable)
King William	VA		
City	State	City	State
	Address Where Boo	ks are Maintained	
	178 Peyton Lane		
Address Where Books are	Street Address (P.O. Boxes are not accep	otable) Suite #	
Maintained	Aylett	VA	23009
	City	State	Zip Code
	Committe	e Activity	
Please provide the following de Date contributions exceed Date expenditures exceed Date committee depositor Date treasurer appointed	ory designated:  01/15/2018		
Please indicate the method by	which this committee will submit all red		
■ File electronically using	ng SBE's VAFiling Application.		
☐ File electronically usin (Please indicate Name	ng an <b>SBE Approved Vendor</b> e of Vendor:)		
☐ File paper reports.  (By choosing this \$10,000 during the	option, I affirm that this committee does e calendar year)	not intend to accept contributions	or make expenditures in excess of
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 expense required 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	<del></del> 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: <a href="http://www.sbe.virginia.gov/cms/Campaign\_Finance/">http://www.sbe.virginia.gov/cms/Campaign\_Finance/</a>

#### **Statement of Treasurer**

• Please read and sign the Statement.