Statement of Organization
POLITICAL PARTY COMMITTEE

Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID
06/25/2016	**PP-12-00157**

Name of Committee

Republican Party of Virginia, Inc.

Full Name of Committee

Party Affiliation

☐ Democratic
☒ Republican

Committee Mailing Address

115 E. Grace St

Street Address/P.O. Box — **Suite #**

Richmond	**VA**	**23219**
City	**State**	**Zip Code**

floehr@rpv.org	**(804) 780-0111**
Email Address	**Business Phone**

www.rpv.org

Committee Website

Area, Scope and Jurisdiction of the Committee (Please Check Only One)

☐ **National Party Committee**
☒ **State Party Committee**
☐ **Party Caucus**
☐ **County Party Committee (county: _____)**
☐ **City Party Committee (city: _____)**
☐ **Local Magisterial District (locality:_____ district: _____)**
☐ **Congressional District (district: _____)**
☐ **Virginia House District (district: _____)**
☐ **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: _____
Date first expenditure made: _____
Date committee depository designated: _____
Date treasurer appointed: 06/25/2016

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

Chain Bridge Bank	
Name of Primary Financial Institution	**Name of Other Financial Institution (if applicable)**
McLean VA	
City State	**City State**

Address Where Books are Maintained

Address Where Books are Maintained	115 E. Grace St		
	Street Address (P.O. Boxes are not acceptable)		**Suite #**
	Richmond	VA	23219
	City	**State**	**Zip Code**

Statement of Organization
POLITICAL PARTY COMMITTEE

Treasurer

Treasurer Information

Salutation	Last Name	First Name	Middle Name	Suffix
Mr.	Selph	John	G.	

Email Address	Daytime Phone #
john@forestcs.com	(804) 270-0791

Treasurer Residential Address

Street Address	Apt #
3218 Matilda Cove #112	

City	State	Zip Code
Henrico	VA	23294

Treasurer Business Address

Street Address/P.O. Box	Suite #
PO Box 71596	

City	State	Zip Code
Richmond	VA	23255

Principal Custodian of the Books

Principal Custodian Information

☐ 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.

Salutation	Last Name	First Name	Middle Name	Suffix
Mr.	Loehr	Frank	A.	III

Email Address	Daytime Phone #
floehr@rpv.org	(804) 780-0111

Position or Title
Principal

Principal Custodian Residential Address

Street Address	Apt #
9305 Edington Dr	

City	State	Zip Code
N. Chesterfield	VA	23237

Principal Custodian Business Address

Street Address/P.O. Box	Suite #
115 E. Grace St.	

City	State	Zip Code
Richmond	VA	23219

Additional Officers (optional)

Additional Officers

Full Name	Title	Daytime Phone #
John Whitbeck	Officer1	

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.