

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	
	10/08/2018	PAC-12-00294	
	Name of Committee		
Reed Smith Political Action Committee			
Full Name of Committee			
Committee Acronym (if applicable)	<del></del>		
☑ Check this box if this committee is established or controlled by a corporation doing business in Virginia			
C	Committee Mailing Address		
901 E. Byrd Street		1900	
Street Address/P.O. Box		Suite #	
Richmond	VA	23219	
City	State Zip Code		
ssedivy@reedsmith.com		(804) 344-3405	
Email Address	Business Phone		
Committee Website	filiated Organization or PA	C	
All	illiated Organization of TA		
<b>☒</b> Check this box if this committee is affiliated <b>☒</b>	with another organization or PA	C. If so, provide the following information:	
Reed Smith, LLP			
Full Name of Affiliated Organization			
901 E. Byrd Street		1900	
Street Address/P.O. Box		Suite #	
Richmond	VA	23219	
City	State	Zip Code	
Employs members			
Relationship of this Committee to Affiliated Orga	nization		



Purpose of Committee				
Indicate the purpose of this Committee (please be as specific as possible):				
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?	
(attach additional sheets if more space need	led)			
Area,	Scope and Jurisdic	tion of the Committee		
This Committee intends to participate in elections on the following levels: (check all that apply)				
<ul><li>☒ Statewide elections</li><li>☒ General Assembly elections</li><li>☐ Local elections</li></ul>				
If "Local Elections" is checked please list the  1) 2) 3)	4) 5)	wns the committee intends to be a		



Treasurer				
	Mr. Mullen	Edward	Α.	
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix	
Treasurer Information	emullen@reedsmith.com	(804	I) 344-3435	
	Email Address	Daytime Phone #		
	2011 Stuart Avenue			
Treasurer Residential	Street Address		Apt #	
Address	Richmond	VA 23220		
	City	State	Zip Code	
	Reed Smith LLP, 901 E. Byrd Street 1900			
Treasurer Business Address	Street Address/P.O. Box	Suite #		
Treasurer Dusiness Address	Richmond	VA	23219	
	City	State	Zip Code	
	Principal Custodia	n of the Books		
	☐ Check this box if the Principal Custo are the same person, skip this section. Mr. Mullen	Edward	Α.	
Principal Custodian Information	Salutation Last Name	First Name	Middle Name Suffix	
into mation	emullen@reedsmith.com		1) 344-3435	
	Email Address	Dayti	ime Phone #	
	Principal			
	Position or Title			
Principal Custodian	2011 Stuart Avenue			
Residential Address	Street Address		Apt #	
	Richmond	VA	23220	
	City	State	Zip Code	
	Reed Smith LLP, 901 E. Byrd Stree	t	1900	
Principal Custodian Business Address	Street Address/P.O. Box	Suite #		
	Richmond	VA	23219	
	City	State	Zip Code	
	Additional Office	ers (optional)		
Additional Officers	Full Name	Title	Daytime Phone #	
	Full Name	Title	Daytime Phone #	



Committee Depository				
SonaBank				
Name of Primary Financial Inst	titution	Name of Other Financial Institution	on (if applicable)	
Glen Allen	VA			
City	State	City	State	
	Address Where Books are Maintained			
	Reed Smith LLP, 901 E. Byrd Str	eet		
Address Where Books are	Street Address (P.O. Boxes are not accep	Street Address (P.O. Boxes are not acceptable)  Suite #		
Maintained	Richmond	VA	23219	
	City	State	Zip Code	
	Committee	e Activity		
Please provide the following d	lates. (If an action has not yet occurred for	or this committee, write "N/A")		
Date contributions excee	ded \$200:			
Date expenditures exceed	ded \$200:			
Date committee deposito	ory designated:			
Date treasurer appointed	:			
	Filing N	<b>lethod</b>		
Please indicate the method by	which this committee will submit all rec	uired campaign finance reports:		
■ 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 as	sociated with the political committee.
Campaign Finance Disclosure Act (Title 24.2, Chapter 9 and things of value which this political committee receive required by the <i>Code of Virginia</i> for late or un-filed repo	mmittee. I understand that I am required to comply with the provisions of the 9.3 of the <i>Code of Virginia</i> ). I understand that I must truthfully report all monies ves or expends in a timely manner. Civil penalties will be assessed in the manner orts. I also understand that if I provide false information on any document 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 <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.