

# Statement of Organization POLITICAL PARTY COMMITTEE

	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.			
State Board of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID		
	02/05/2020	PP-17-00276		
	Name of Committee			
Colonial Leadership Trust Political Action C	ommittee			
Full Name of Committee				
Party Affiliation				
<ul><li>☐ Democratic</li><li>X Republican</li></ul>				
	Committee Mailing Address			
PO Box 1205 Street Address/P.O. Box		Suite #		
Colonial Heights	VA	23834		
City	State	Zip Code		
john@forestcs.com	hn@forestcs.com (804) 270-0791			
Email Address Business Phone				
Committee Website	oe and Jurisdiction of the Co	ommittaa		
Area, Scop	(Please Check Only One)	minittee .		
☐ National Party Committee				
☐ State Party Committee				
Party Caucus				
☐ County Party Committee (cou	nty:	)		
☐ City Party Committee (city: _		)		
☐ Local Magisterial District (loc	ality:	_ district:	)	
☐ Congressional District (distric	t:)			
☐ Virginia House District (distri	ct:)			
☐ Virginia Senate District (distri	ict:)			



		Commi	ttee Activity		
Please provide the fo	ollowing dates. (If an	action has not yet o	occurred for this com	mittee, write "N/A	")
Date first contribution Date first expenditure Date committee depondate treasurer appoin	re made: ository designated:	04/10/2017 04/10/2017			
	Candio	dates this Comr	nittee Supports o	or Opposes	
Full Name and Addre	ess of Candidate	Office Sought	Party A	Affiliation	Support or Oppose?
Candidate Sheet Attac Candidates	ched with 2				
(attach additional sheet	s if more space need	led)	1	<u> </u>	
Committee Depository					
Bank of America Name of Primary Financial Institution		Bank of Southside Virginia  Name of Other Financial Institution (if applicable)			
Glen Allen	V	/A	Colonial Heights	5	VA
City	St	tate	City		State
Address Where Books are Maintained					
Address Where Books	8501 Mayland D Street Address (P.O.		otable)	Su	uite#
are Maintained	Henrico		VA		23294
	City		State		Zip Code



## Statement of Organization POLITICAL PARTY COMMITTEE

		Treasurer					
	Mr. Selph	John	G.				
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix				
Treasurer information	john@forestcs.com	(804) 2	70-0791				
	Email Address		(804) 270-0791  Daytime Phone #				
Treasurer Residential Address	9521 Meadowview Road Street Address		Apt #				
	Henrico City	VA State	23294 Zip Code				
	City	State	Zip Code				
	PO Box 71596						
Treasurer Business Address	Street Address/P.O. Box		Suite #				
	Henrico	VA	23255				
	City	State	Zip Code				
	Principal C	Custodian of the Books					
	□ 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.  Mr. Selph John G.						
Principal Custodian	Salutation Last Name	First Name	Middle Name Suffix				
Information	john@forestcs.com	(804) 2	(804) 270-0791				
	Email Address	<u>`</u>	Daytime Phone #				
	Treasurer						
	Position or Title						
	9521 Meadowview Road						
Principal Custodian Residential Address	Street Address	Apt#					
Residential Fluiress	Henrico	VA	23294				
	City	State	Zip Code				
	PO Box 71596						
Principal Custodian	Street Address/P.O. Box		Suite #				
Business Address	Honrico	VA	23255				
	Henrico City	State	Zip Code				
	Additional Officers (optional)						
Additional Officers	M. Kirkland Cox	Chairmar					
	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 <b>SBE Approved Vendor</b> (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 <i>Code of Virginia</i> ). 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 <i>Code of Virginia</i> 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 <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.

#### 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.
  - o 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.
  - o This address must be in the Commonwealth unless the committee is a National Party committee.



#### Virginia State Board of Elections

#### **Treasurer and Custodian of the 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.

#### **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: <a href="https://cf.elections.virginia.gov">https://cf.elections.virginia.gov</a>
- 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">http://www.sbe.virginia.gov/cms/Campaign</a> Finance/

#### **Statement of Treasurer**

Please read and sign the Statement.