

Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement						
	□ NEW	☑ AMENDED				
	nittee is registering with the Virginia d of Elections for the first time.	This committee is filing an amended Statement of Organization.				
State Dom	d of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID			
		03/21/2024	PP-12-01038			
		I				
Name of Committee						
Spotsylva	ania County Republican Committee	e e				
	of Committee					
Party Affil	iation					
	Democratic					
X	Republican	N				
		Committee Mailing Address				
P.O. Box						
Street Address/P.O. Box			Suite #			
Thornburg		VA	22565			
City		State Zip Code				
info@spotsyrepublicans.com		(540) 907-7369				
Email Add			Business Phone			
-	ww.spotsyrepublicans.com					
Committee		oe and Jurisdiction of the Co	ommittee			
	11100, 500	(Please Check Only One)				
	National Party Committee					
	State Party Committee					
	Party Caucus					
X	County Party Committee (cou	nty: Spotsylvania County)			
	City Party Committee (city: _)			
	Local Magisterial District (local	ality:	_ district:)		
	Congressional District (district	t:)				
	Virginia House District (distric	ct:)				
	Virginia Senate District (distri	ict:)				



Please provide the following dates. (If ar	n action has not yet occur	red for this committee, write "N/	A")			
Date first contribution accepted: Date first expenditure made: Date committee depository designated: Date treasurer appointed:	01/01/2012 01/01/2012 01/01/2012 03/21/2024					
Candi	dates this Committe	ee Supports or Opposes				
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?			
Candidate Sheet Attached with 2 Candidates						
ttach additional sheets if more snace nee	ded)	-				

City

Atlantic Union Bank		mittee Depository		
Name of Primary Finance		Name of Other Financial I	nstitution (if applicable)	
Glen Allen	VA			
City	State	City	State	
	Address Who	ere Books are Maintained	l	
	8105 Waterford Drive			
Address Where Books	Street Address (P.O. Boxes are not	acceptable)	eptable) Suite #	
are Maintained	Spotsylvania Courthouse	VA	22551	

State

Zip Code



Statement of Organization POLITICAL PARTY COMMITTEE

	Tr	easurer		
	Mr LeBoeuf	Allen	E	
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix	
Trouburer information	allenleb@aol.com	(603)	505-6984	
	Email Address		ne Phone #	
Treasurer Residential	8105 Waterford Drive Street Address		Apt #	
Address		•		
	Spotsylvania Courthouse City	VA 22551 State Zip Code		
	City	State	Zip code	
	P.O.Box 533			
Treasurer Business Address	Street Address/P.O. Box	Suite #		
	Thornburg	VA	22565	
	City	State	Zip Code	
	Principal Cust	todian of the Books		
Principal Custodian Information	are the same person, skip this sect Mr Lynch Salutation Last Name jjlynch03@gmail.com Email Address	tion. Jordan First Name (540)	J Middle Name Suffix 907-7369 ne Phone #	
	Principal			
	Position or Title			
Principal Custodian	11900 Arbor Glen Drive			
Residential Address	Street Address		Apt#	
	Fredericksburg	VA	22407	
	City	State	Zip Code	
Principal Custodian Business Address	P.O. Box 533 Street Address/P.O. Box		Suite #	
Business Address	Thornburg	VA	22565	
	City	State	Zip Code	
Additional Officers (optional)				
Additional Officers	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 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 <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: https://cf.elections.virginia.gov
- 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: http://www.sbe.virginia.gov/cms/Campaign Finance/

Statement of Treasurer

Please read and sign the Statement.