

Statement of Organization POLITICAL PARTY COMMITTEE

□ NEW □ MEW This committee is registering with the Virginis is filing an amended Statement of Organization. □ □ Date Changes Took Effect SBE-issued Committee ID 04/24/2012 PP-12-00131 □ Date Changes Took Effect SBE-issued Committee ID 04/24/2012 PP-12-00131 ■ Committee Name of Committee Full Name of Committee Image: State Base of Committee Party Affiliation Image: State Party Committee □ Democratic Image: State Party Committee 205 South Glebe Road State Street Address/P.O. Box Suite # Arlington VA 22204 City State Zip Code reasurer@arlingtongop.org (703) 685-2488 Email Address Business Phone www.arlingtongop.org Email Address Committee Website Image: State Party Committee Image: State Party Committee Image: State Party Committee					
State Board of Elections for the first time. Date Changes Took Effect SBE-issued Committee ID Od/24/2012 PP-12-00131 Arlington County Republican Committee PP-12-00131 Full Name of Committee Party Affiliation Democratic Democratic Republican Committee Mailing Address 405 South Glebe Road Suite # Arlington VA 22204 City State Zip Code Treasurer@arlingtongop.org (703) 685-2488 Email Address Business Phone www.arlingtongop.org Committee Committee VA 22204 City State Zip Code reasurer@arlingtongop.org (703) 685-2488 Email Address Business Phone www.arlingtongop.org Committee Committee Please Check Only One Imail Address Business Phone State Party Committee Please Check Only One Imail Address State Party Committee Imail Address Please Check Only One Imail Address Please Check Only One Imail Party Committee P					
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□ Party Caucus					
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County Party Committee (county: <u>Arlington County</u>)					
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 Date first expenditur Date committee depo Date treasurer appoint	e made: ository designated:						
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							
Suntrust							
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)				
Arlington VA							
City			City State				
Address Where Books are Maintained							
Address Where Books	405 South Gleb		table)	S	uite #		
are Maintained	Street Address (P.O. Boxes are not accep		VA	5	22204		
	Arlington City		State		Zip Code		



Statement of Organization POLITICAL PARTY COMMITTEE

	ſ	Treasurer			
	Mr. Spann	Patrick	Joseph		
Treasurer Information	Salutation Last Name		Aiddle Name Suffix		
ficusurer miormation	spannpj@verizon.net	(703) 528-	(703) 528-4834		
	Email Address		Daytime Phone #		
Treasurer Residential	3066 North Oakland Street Street Address Apt #				
Address	Arlington	-	VA 22207		
	City	State	Zip Code		
		2			
	NA Retired				
Treasurer Business Address	Street Address/P.O. Box	Suite #			
	Arlington	VA	22207		
	City	State	Zip Code		
	Principal Cu	istodian of the Books			
Principal Custodian Information	are the same person, skip this se Atkins Salutation Last Name Iuddite2003@yahoo.com Email Address	Robert First Name M (703) 527-	Robert		
	Principal				
	Position or Title				
Principal Custodian	5636 North 5th Street				
Principal Custodian Residential Address	Street Address Apt #		t #		
	Arlington	VA	22205-1006		
	City	State	Zip Code		
	NA Retired				
Principal Custodian Business Address	Street Address/P.O. Box Suite #		te #		
Dusiness Aduress	Arlington	VA	22205-1006		
	City	State	Zip Code		
	Additional	Officers (optional)			
	Charles Hokanson	Officer1	2022851023		
	Full Name	Title	Daytime Phone #		
Additional Officers			-		
	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:					
The 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 **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.
 - $\circ \quad \text{Insert the residence address of the treasurer.}$
 - 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
 - If you choose to file electronically, log into the following Web site address: <u>https://cf.elections.virginia.gov</u>
- 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: <u>http://www.sbe.virginia.gov/cms/Campaign_Finance/</u>

Statement of Treasurer

• Please read and sign the Statement.