

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 Boar | d of Elections for the first time. | Date Changes Took Effect | SBE-issued Committee ID | | | | | |
| | | 02/19/2014 | PP-12-00790 | | | | | |
| | | | | | | | | |
| Name of Committee | | | | | | | | |
| 99th Legislative District Party Committee | | | | | | | | |
| | of Committee | | | | | | | |
| Party Affil | iation | | | | | | | |
| ☐ Democratic | | | | | | | | |
| X | Republican | Committee Mailing Address | | | | | | |
| | | Johnnittee Walling Address | | | | | | |
| 676 Cole | | | a " | | | | | |
| | ress/P.O. Box | | Suite # | | | | | |
| Warsaw | | VA State | Zip Code | | | | | |
| City | aillman@raakatmail.aam | State | - | | | | | |
| kimberlyhillman@rocketmail.com Email Address | | | (804) 387-0793 Business Phone | | | | | |
| Zman nuu | 1033 | | Dusiness I none | | | | | |
| Committee | Website | | | | | | | |
| | Area, Scop | e and Jurisdiction of the Co | ommittee | | | | | |
| | National Party Committee | (Please Check Only One) | | | | | | |
| | State Party Committee | | | | | | | |
| | Party Caucus | | | | | | | |
| _ | • | 4 | | | | | | |
| | County Party Committee (county Party County | | | | | | | |
| | City Party Committee (city: | | | | | | | |
| | | | _ district:) | | | | | |
| | Congressional District (district:) | | | | | | | |
| X | Virginia House District (distric | ct: House Of Delegates - 99th | District | | | | | |
| | Virginia Senate District (distri | ct:) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



| 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 expenditure Date committee deporate treasurer appoin | re made: ository designated: | | | | | | | |
| Candidates this Committee Supports or Opposes | | | | | | | | |
| Full Name and Addre | ess of Candidate | Office Sought | Part | ty Affiliation | Support or Oppose? | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (attach additional sheet | s if more space need | ded) | | | | | | |
| Committee Depository | | | | | | | | |
| EVB | | | | | | | | |
| Name of Primary Financial Institution | | | Name of Other Financial Institution (if applicable) | | | | | |
| Tappahannock | • | VA | | | | | | |
| City | tate | City State | | State | | | | |
| Address Where Books are Maintained | | | | | | | | |
| Address Where Books | 757 Reisingers Street Address (P.O | Road . Boxes are not accep | table) | S | uite# | | | |
| are Maintained | Warsaw | | V | A | 22572 | | | |
| | City | | Sta | ate | Zip Code | | | |



Statement of Organization POLITICAL PARTY COMMITTEE

| Treasurer | | | | | | | |
|--|---|--------------------------|----------------------------|----------------|--|--|--|
| | Ms. Hillman | Kimberly | R. | | | | |
| Treasurer Information | Salutation Last Name | First Name | Middle Name | Suffix | | | |
| Treasurer information | kimborlybillman@rockotmail.com | (5 | 304) 387-0793 | | | | |
| | kimberlyhillman@rocketmail.com Email Address | Daytime Phone # | | | | | |
| | , | | | | | | |
| Treasurer Residential | 757 Reisingers Road Street Address Apt # | | | | | | |
| Address | | • | | | | | |
| | Warsaw City | VA State | | | | | |
| | City | State | Zip Co | oue | | | |
| | 757 Reisingers Road | | | | | | |
| Treasurer Business Address | Street Address/P.O. Box | Suite # | | | | | |
| | Warsaw | VA | 2257 | 22572 | | | |
| | City | State | Zip Co | ode | | | |
| | Principal Custodia | n of the Books | | | | | |
| | ☐ Check this box if the Principal Custo are the same person, skip this section. Ms. Hillman | odian of the Books is th | ne same person as the Trea | surer. If they | | | |
| Principal Custodian | Salutation Last Name | First Name | Middle Name | Suffix | | | |
| Information | kimberlyhillman@rocketmail.com | 3) | 304) 387-0793 | | | | |
| | Email Address | Da | aytime Phone # | | | | |
| | Principal | | | | | | |
| | Position or Title | | | | | | |
| | 757 Reisingers Road | | | | | | |
| Principal Custodian Residential Address | Street Address | | Apt # | | | | |
| | Warsaw | VA | 2257 | 2 | | | |
| | City | State | Zip Co | ode | | | |
| | 757 Reisingers Road | | | | | | |
| Principal Custodian | Street Address/P.O. Box | | Suite # | | | | |
| Business Address | Warsaw | VA | 2257 | '2 | | | |
| | City | State | Zip Co | ode | | | |
| Additional Officers (optional) | | | | | | | |
| | R. Allen Webb | O#: | cer1 54 | 02266433 | | | |
| A 1 3'4' 1 0 00' | Full Name | Title | | time Phone # | | | |
| Additional Officers | | 1100 | Zu, | | | | |
| | Full Name | Title | Day | time 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.