

Commonwealth of Virginia

Statement of Organization for a POLITICAL COMMITTEE

Please complete all required information from this form on all sides
This document must be clear, legible and typed or printed in blue or black ink.

Section 24.2-900 of the Code of Virginia

Definitions, statutory references and filing instructions contained in the Campaign Finance Disclosure Act Summary Guide

This form may be transmitted by fax. The original must be forwarded on the day of the fax transmittal.

VA Registration Committee Id:

03-022
00-245

1. What is the type of filing? (select only one) [X] New Registration [ ] Amended Information [ ] Annual Filing

2. For what year is this form being filed? Filing Year (All other committees) 2003

3. Name of Committee: CITIZENS FOR A BETTER DANWIDDIE
INSERT FULL NAME OF POLITICAL COMMITTEE; PLEASE SPELL OUT ACRONYMS

NOTE: Any political committee, which intends to use the name of a candidate as part of the name of their political committee, must file, along with this form, a copy of:
- the written authorization of the candidate consenting to the use of his name; or
- the political committee's notice to the candidate and evidence of that the notice was mailed twenty-one or more days before filing this form.
If two candidates seeking the same office have the same last name, the political committee shall include the first name, or other initial or nickname, and the last name of the candidate, in the name of the political committee so as to identify which candidate is associated with the political committee.

4. What is the type of committee? (select only one)
[ ] Political Party Committee
[X] Political Action Committee [X] In state or [ ] Out of state Filing Year
[ ] Issue Oriented Committee (formed solely to support/oppose a question appearing on a ballot in any jurisdiction).
[ ] Inaugural Committee

5. Filing Information (Please check one)
[X] This committee intends to file the required campaign finance reports electronically.
[X] This committee intends to file the required campaign finance reports on paper forms.

Political Purpose of Committee

6. This committee will support or oppose candidates for state or local offices to be voted on in:
(Check all that apply)
[X] June Primaries and/or November General elections.
[ ] February Primaries and/or May General elections.
[ ] Special election held at time other than May or November.
[ ] Our committee does not plan to have activity relating to elections in this calendar year, but will collect or expend money to influence future elections, pay debts or administrative expenses.
[ ] This is an inaugural fund committee:
GERALDINE H BAREFOOT, P.O. BOX 3101, PETERSBURG, 23865
VICE-PRESIDENT

7. Committee's Mailing Address:

THE MAILING ADDRESS MUST BE IN THE COMMONWEALTH OF VIRGINIA, UNLESS THIS IS A NATIONAL POLITICAL PARTY COMMITTEE OR OUT OF STATE PAC THAT IS ESTABLISHED OR CONTROLLED BY A CORPORATION DOING BUSINESS IN VIRGINIA,

P.O. Box 3101, PETERSBURG, VA 23805

INSERT STREET, POST OFFICE BOX OR RURAL ROUTE NUMBER

CITY	STATE	ZIP CODE
804 - 733-5488	SAME	
BUSINESS PHONE (INCLUDING AREA CODE)	FAX TELEPHONE	E-MAIL ADDRESS

8. Financial institutions and other repositories of committee funds [SEE ITEM NUMBER 9]:

Please list all financial institutions (if amending, list all as of today's date)

SUNTRUST	PETERSBURG	4434168 0005811
NAME	CITY OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
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Area of activity, scope and party affiliation of committee:

a. This political committee is a:

- Local committee
- Non-federal State committee
- Non-federal State & local committee

If this committee will not operate on a statewide basis, please list the counties/cities in which the committee will operate:

DINWIDDIE

b. This committee will primarily: support/oppose candidates seeking  Local or  State office

c. Political party affiliation (if any): N/A

Affiliated or Connected Organizations (including Federal PACs)

d. Name of affiliated organization or group: \_\_\_\_\_ (e.g., United Laborers, etc.)

e. Type of Associated Organization:  Labor  Trade or  Business Association N/A

f. Affiliated organization or group's relationship: \_\_\_\_\_ (e.g., Parent Organization)

g. Check the category that identifies your committee's purpose, nature or special interest.

Note: Include business or occupation, if any, that members of, or contributors to, the committee have in common. For example: Nurse's PAC would check Medical/Health Care.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Animal Rights   | <input type="checkbox"/> Real Estate            | <input type="checkbox"/> Medical / Health Care             |
| <input type="checkbox"/> Banking   | <input type="checkbox"/> Environmental          | <input type="checkbox"/> Political Party Central Committee |
| <input type="checkbox"/> Beverage Industry   | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Retail / Wholesale                |
| <input type="checkbox"/> Business (list type below)  | <input type="checkbox"/> Labor / Union          | <input type="checkbox"/> Teachers / Education              |
| <input checked="" type="checkbox"/> Community Association  | <input type="checkbox"/> Legal                  | <input type="checkbox"/> Construction/Housing              |
| <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Utility / Energy / Oil | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Other (if categories don't apply - explain purpose): _____  |   |  |
| <input type="checkbox"/> This is a Ballot Issue Committees (please identify the Ballot Issue that the Committee is formed to support or oppose): _____ |   |  |

**Political Activity Information**

**h. Candidate(s) the committee is supporting or opposing: (If amending, list all as of today's date)**

Check here if your committee is supporting an entire ticket List Party: \_\_\_\_\_

Full Name and Address of Candidate(s)	Support	Oppose	Office	Party Affiliation

**Disposition of residual funds**

**i. Is committee a continuing one?**  Yes or  No

**NOTE:** If your committee is intended to be a continuing committee, it plans to stay in existence beyond the current calendar year. If your committee is non-continuing, it may only be used for the Primary and General elections of the year that you've indicated on this form. A continuing committee may remain in effect until the committee files a final disclosure report.

**j. In the event of dissolution or termination of the committee, what disposition will be made of residual funds? (check all that apply)**

- Return funds to original contributors in amounts not to exceed their individual contribution.
- Contribute to a candidate(s) or another Political Committee: \_\_\_\_\_
- Transfer to a charitable organization described in §170 of the Internal Revenue Code.
- The committee would no longer have activity in Virginia but continue to operate.
- Unknown at this time.

9. Custodian of books and accounts/Officer/Account information

(Check whichever applies and complete corresponding section)

Check here and complete section below if this is a National Political Party Committee established or controlled by a corporation doing business in Virginia.

Check here and complete section below if this PAC is not established or controlled by a corporation doing business in Virginia. **REMINDER:** The financial institution for this type of committee MUST be a bank that is physically located in the Commonwealth of Virginia.

Full Name of Treasurer	Residence Address and Zip:	Business Address:
MICHELE L. PARKER	6812 DUNCAN RD PETERSBURG, VA 23103	

Other Principal Officer(s) [including officers and members of the finance committee, if any]; if this PAC is not established or controlled by a corporation doing business in Virginia, you MUST include at least one principal officer who is a resident of the Commonwealth.

Full Name of Treasurer	Title or Position	Residence Address:

10. Statement of Treasurer or other Committee Officer

As required by Virginia's Campaign Finance Disclosure Act, I hereby affirm and say that this Committee is in compliance with all provisions of §24.2-900 of the Code of Virginia; and that the information contained in this Statement of Organization is complete, true and correct.

*Michele L. Parker*  
TYPE OR PRINT FULL NAME OF COMMITTEE TREASURER

SIGNATURE OF CANDIDATE OR COMMITTEE TREASURER

2/9/03  
DATE SIGNED

804 733 9197  
DAYTIME TELEPHONE NUMBER OF PREPARER

Knowingly making any untrue statement or entry in this document is a felony under Virginia law. The punishment is a maximum fine of \$2500 and/or confinement for up to 10 years, also, you could lose your right to vote.

**WHEN AND WHERE TO FILE THIS FORM**

This form must be filed (i) within 10 days after the committee is organized or (ii) if later, within 10 days of becoming aware that it will receive or spend more than \$200 and (iii) every January 15 and (iv) when any information provided on the original statement changes.

**PAC(s), Congressional District Party Committees and Inaugural Fund Committees:**  
File this form and finance reports with the Virginia State Board of Elections Only.

**City/County Party Committees:**  
File this form and finance reports with the Virginia State Board of Elections and a copy with the city or county where the committee operates.