

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.

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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: 03-028

1. What is the type of filing? (select only one) 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: ISSUECRATS
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
 Political Action Committee (PAC) 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 Fund Committee

5. Filing Information (Please check all that apply)
 This committee intends to file the required campaign finance reports electronically.
 This committee intends to file the required campaign finance reports on paper forms.

6. Committee's Mailing Address: (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, THE MAILING ADDRESS MUST BE IN THE COMMONWEALTH OF VIRGINIA.)

P.O. Box 82
INSERT STREET, POST OFFICE BOX OR RURAL ROUTE NUMBER
Richmond VA
CITY STATE ZIP CODE
804 502 4375 issuecrats@hotmail.com
BUSINESS PHONE (INCLUDING AREA CODE) FAX TELEPHONE E-MAIL ADDRESS

Disposition of residual funds

7. Is committee a continuing one? Yes 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.

8. Financial institutions and other repositories of committee funds [SEE ITEM NUMBER 10]:

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

First Market Bank Richmond 4010723817
NAME CITY OF FINANCIAL INSTITUTION ACCOUNT NUMBER

NAME CITY OF FINANCIAL INSTITUTION ACCOUNT NUMBER

NAME CITY OF FINANCIAL INSTITUTION ACCOUNT NUMBER

9. 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:

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

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 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 checked="" type="checkbox"/> Other (if categories don't apply - explain purpose): | <u>local & statewide issues</u> | |
| <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

b. 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

i. 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.

10. Custodian of books and accounts/Officer/Account information (Check whichever applies)

Full Name of Treasurer	Residence Address and Zip:	Business Address:
JACQUELINE JACKSON	613 SHELBY DR RICHMOND VA 23224	5600 Cox Rd Glen Allen, VA 23060
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:
Same as above		

11. 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.

JACQUELINE JACKSON
TYPE OR PRINT FULL NAME OF COMMITTEE TREASURER

Jacqueline Jackson
SIGNATURE OF CANDIDATE OR COMMITTEE TREASURER

5-21-03
DATE SIGNED

804.934.7516
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.