

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: 03 058

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: MAYOR AT LARGE Referendum Campaign  
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.)  
101 Shockoe Slip, space K c/o Paul Goldman  
INSERT STREET, POST OFFICE BOX OR RURAL ROUTE NUMBER  
Richmond VA 23219  
CITY STATE ZIP CODE  
804-360-1110  
BUSINESS PHONE (INCLUDING AREA CODE) FAX TELEPHONE E-MAIL ADDRESS

Disposition of residual funds

7. 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.

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)

BANK OF RICHMOND RICHMOND 20005337
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:

CITY OF RICHMOND

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

c. Political party affiliation (if any):

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.

- Animal Rights Real Estate Medical / Health Care
Banking Environmental Political Party Central Committee
Beverage Industry Insurance Retail / Wholesale
Business (list type below) Labor / Union Teachers / Education
Community Association Legal Construction/Housing
Manufacturing Utility / Energy / Oil Transportation
Other (if categories don't apply - explain purpose):

This is a Ballot Issue Committees (please identify the Ballot Issue that the Committee is formed to support or oppose):

WILDER-BLLEY COMMISSION CHARTER CHANGES PROPOSITIONS A & B

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:

Table with 5 columns: 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:

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:
PAUL GOLDMAN	Treasurer	4414 Grove Ave Richmond, VA 23221

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.

PAUL GOLDMAN  
 \_\_\_\_\_  
 TYPE OR PRINT FULL NAME OF COMMITTEE TREASURER

  
 \_\_\_\_\_  
 SIGNATURE OF CANDIDATE OR COMMITTEE TREASURER

\_\_\_\_\_  
 DATE SIGNED

804-360-1110  
 \_\_\_\_\_  
 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.