

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: 03-063

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: Citizens Alert
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 26956
INSERT STREET, POST OFFICE BOX OR RURAL ROUTE NUMBER
Richmond, VA 23261
CITY STATE ZIP CODE
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)

SunTrust Richmond 1000013107619
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:
Richmond City

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

c. Political party affiliation (if any):

Affiliated or Connected Organizations (including Federal PACs)

d. Name of affiliated organization or group: None (e.g., United Laborers, etc.)

e. Type of Associated Organization: [] Labor [] Trade or [] Business Association

f. Affiliated organization or group's relationship: None (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):
Mayor-at-Large Referendum

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