

State of West Virginia
POLITICAL ACTION COMMITTEE OR
POLITICAL PARTY COMMITTEE
STATEMENT OF ORGANIZATION

*A Statement of Organization must be filed **before** the Political Action Committee, Political Party Committee, or Joint Fundraising Committee receives or spends any money.*

	<input type="checkbox"/> Original Filing <input checked="" type="checkbox"/>	Amendment
Committee Name:	<u>West Virginia Young Democrats</u>	
Committee Chairperson:	<u>Hively, Jacob</u>	
Mailing Address:	<u>1211 Beech Ave, Charleston, WV, 25302</u>	
Phone:	<u>(304) 421-8554</u>	Email: <u>jhivelywv@gmail.com</u>
Committee Treasurer:	<u>Jarrell, Chase</u>	
Mailing Address:	<u>P.O. Box 413, Van, WV, 25206</u>	
Phone:	<u>(304) 962-6390</u>	Email: <u>chasejarrellwv@gmail.com</u>

Affiliate Organization: (If Applicable) _____

Type of Committee: (Check One)	Committee will Influence:
<input checked="" type="checkbox"/> Membership Organization	<input checked="" type="checkbox"/> Statewide, Legislative or Multi-County Districts
<input checked="" type="checkbox"/> Corporate PAC	<input checked="" type="checkbox"/> County District
<input checked="" type="checkbox"/> Unaffiliated PAC	<input checked="" type="checkbox"/> Municipal District
<input checked="" type="checkbox"/> Executive Committee	
<input checked="" type="checkbox"/> Caucus Campaign Committee	
<input checked="" type="checkbox"/> Joint Fundraising Committee	
<input checked="" type="checkbox"/> Independent Expenditure/Electioneering Communications Committee	

The individuals listed on the form have agreed to serve as chairperson and treasurer of this committee. The treasurer acknowledges that he or she is personally responsible for filing the statutorily required campaign finance reports until a Change of Treasurer notice is submitted to the office that receives this form, or until the committee files a Notice of Dissolution.

I understand that every financial transaction is subject to the requirements of the N. Da. Code and the Rules and Regulations promulgated by the Secretary of State, including all reporting requirements.

This document will serve as the oath for all electronically filed reports associated with the above listed committee, if applicable.

Signature of Chairperson: _____	Date: _____
Signature of Treasurer: _____	Date: _____



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(304) 558-6000
campaignfinance@wvsos.gov

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