

Write or Type Committee Name

Joy for Virginia

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Franklin, Lillian, , ,

Mailing Address

2582 Townhouse Dr SE

Christiansburg

VA

24073

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Operations Manager

Telephone number

540 - 309 - 7392

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Franklin, Lillian, , ,

Mailing Address

2582 Townhouse Dr SE

Christiansburg

VA

24073

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

540 - 309 - 7392

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Citizens

Mailing Address

970 Hardy Road

Vinton

VA

24179

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲