



Statement of Organization CANDIDATE

New Candidate Amended Statement

| Candidate's Information | | | | |
|--|---|--|------------------------|-------------------------|
| Candidate Information | Mr./Ms. | Last Name | First Name | |
| | Office Sought | District | Political Party | Date of Election |
| | Street Address (Residence) | | Suite # | |
| | City | State | Zip | |
| | Email Address (*See Instructions) | | Daytime Phone # | |
| | Campaign Committee's Mailing Address | | | |
| Campaign Committee's Mailing Address | Name of Candidate Campaign Committee | | | |
| | Street Address/PO Box | | Suite # | |
| | City | State | Zip | |
| | Email Address | | Daytime Phone # | |
| | Treasurer Information | | | |
| Treasurer's Name and Address (if different from Campaign Address) | Mr./Ms. | Last Name | First Name | |
| | Street Address (Residence) | | Suite # | |
| | City | State | Zip | |
| | Email Address | | Daytime Phone # | |
| | Campaign Depository | | | |
| Primary Bank Name | | Secondary Bank Name (if applicable) | | |
| Signatures | | | | |
| Candidate's Signature | <p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the <u>Code of Virginia</u>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or non-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled.</p> | | | |
| | _____ | _____ | | |
| | Candidate's Signature | Date | | |
| Treasurer's Signature | <p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the <u>Code of Virginia</u>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports and/or for providing false information on any document submitted to the State Board of Elections.</p> | | | |
| | _____ | _____ | | |
| | Treasurer's Signature | Date | | |



Statement of Organization CANDIDATE

Please Note: This page is not required to be submitted by candidates for local office. This page is required to be filled out only by candidates for the General Assembly or for Statewide offices.

| Filing Method | |
|---|--|
| <p style="text-align: center;">Electronic Filing Agreement (Does Not Apply to Candidates for Local Office)</p> | <p><input type="checkbox"/> Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to electronically file using Virginia's <i>VAFiling</i> Program and have attached the invoice and required payment for the cost of the software.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to use an SBE Approved Vendor</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">(Please Indicate Name of Vendor)</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="display: flex; justify-content: space-between;">Signature _____Date _____</p> |
| | <p><input type="checkbox"/> Paper Filer - I, as treasurer of this campaign committee, understand that if I choose to file this campaign's finance disclosure reports on paper that I must submit the reports to the State Board of Elections and to the electoral board where the candidate resides.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="display: flex; justify-content: space-between;">Signature _____Date _____</p> |



Instructions for Completing This Form

- This form must be written in ink or typed or it will be rejected.
- Indicate if this Statement is for a new candidate or amending the information on an existing candidacy.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.
- A copy of this entire form must be submitted with the local electoral board of the county or city in which the candidate is a resident.

Candidate Information

- Indicate the full name of the candidate.
- Indicate the office sought (e.g. Board of Supervisors).
- Indicate the District for which the candidate is running.
- Please indicate the party of the candidate.
- Indicate the Date of the Office's election. **NOTE:** Please indicate the General Election date and not Primary date.
- Indicate the home mailing address for the Candidate. (The treasurer must be a registered voter in Virginia.)
- Indicate the email address of the Candidate.
*This field is required if you intend to file electronically. This field is optional if you intend to file on paper. Please note that the **State Board of Elections** will use this email address as its primary means of communication. If the email address ever changes, it is the responsibility of the treasurer to amend this Statement to ensure that they continue to receive updates and acknowledgements from the State Board of Elections.
- Indicate the Candidate's daytime phone number.

Campaign Committee's Mailing Address

- Indicate the name of the Campaign Committee (e.g. Friends of Candidate Doe).
- Indicate the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- Indicate the Campaign Committee's email address (optional) and the campaign's primary daytime phone number.

Treasurer Information

- Indicate the name of the Treasurer for the campaign committee.
- Indicate the home mailing address for the Treasurer. (The treasurer must be a registered voter in Virginia.)
- Indicate the email address of the Treasurer.
- Indicate the Treasurer's daytime phone number.

Campaign Depository

- Indicate the names of the committee's bank depositories.

Signatures

- The **candidate** must read the agreement and sign the form to accept the conditions of the agreement.
- The **treasurer** must read the agreement and sign the form to accept the conditions of the agreement.

Filing Method (This section is not required for candidates for local offices)

- Candidates for election in a local office cannot file electronically therefore are not required to fill out this section.
- Indicate whether the candidate campaign committee intends to file **all** of their campaign finance disclosure reports electronically.
- **VA Filing Option**
 - If you choose to use SBE's VAFiling software, please attach a completed invoice and check for \$35 made out "State Board of Elections." SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
- **Approved Vendor Option**
 - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.state.va.us/Campaign_Finance/