

# **Statement of Organization CANDIDATE COMMITTEE**

\*Please read instructions before completing this form.

Type of Statement						
This committee is registering with the Virginia State Board of Elections for the first time.  CC-23-01911		□ AMENDED				
		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect SBE-issued Com		ittee ID		
	(	Committee Information				
Committee Information						
Committee Information	Langdon for 3Rivers					
	Name of Candidate Campai	ign Committee				
	1006 Dabneys Mill Rd					
	Street Address/PO Box		Suite #			
	Manquin		VA	23106		
	City		State	Zip Code		
	queenfieldgolf@gmail.co	m	(180) 483-3111			
	Email Address		Daytime Phone #			
	Campaign Website					
	(	Candidate Information				
	Townsend	Langdon	P			
	Salutation Last Name	First Name	Middle Name	Suffix		
	1006 Dabneys Mill Rd					
	1006 Dabneys Mill Rd Residence Address		Apt #			
Candidate			Apt #	23106		
Candidate Information	Residence Address		_	23106 Zip Code		
	Residence Address Manquin	5	VA			
	Residence Address  Manquin  City	<u>.</u>	VA State			
	Residence Address  Manquin  City  King William County	S :	VA State 508008183			
	Residence Address  Manquin  City  King William County  County or City of Residence		VA State 508008183 Voter Identification #			
	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address		VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone #	Zip Code		
	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address  M By checking this box, I cer	m	VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone #	Zip Code		
	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address  X By checking this box, I cer	m  rtify that I am currently registered  Election Information	VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone #	Zip Code		
Information	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address  Manguin  Soil And Water Conserva	m  rtify that I am currently registered  Election Information  tion Director	VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone # to vote at the address abo	Zip Code		
	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address  X By checking this box, I cer	m  rtify that I am currently registered  Election Information	VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone # to vote at the address abo	Zip Code		
Information	Residence Address  Manquin  City  King William County  County or City of Residence queenfieldgolf@gmail.co  Email Address  Manguin  Soil And Water Conserva	m  rtify that I am currently registered  Election Information  tion Director	VA State 508008183 Voter Identification # (804) 833-1119 Daytime Phone # to vote at the address about	Zip Code		

Revised: January 1, 2012



# **Statement of Organization CANDIDATE COMMITTEE**

Treasurer Information						
	Townsend	Langdon	Р			
	Salutation Last Name	First Name	M	iddle Name	Suffix	
	1896 Dabneys Mill Rd					
	Residence Address		Apt #			
Treasurer	Manquin		VA		23106	
Information	City		State		Zip Code	
	King William County	508008183				
	County or City of Residence	Voter Identification #				
	queenfieldgolf@gmail.com		(804) 833-1119			
	Email Address		Daytime Phon	ne #		
	■ By checking this box, I certify that I am currently registered to vote at the address above.					
	Campaign	Depository				
Atlantic Union Bank						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Manquin	VA					
City	State	City		State		
Committee Activity						
	Please provide the following dates. (If an	action has not yet  06/13/20		s committee,	write "N/A")	
Dates of Activity	Date first contribution accepted:					
	Date first expenditure made:					
	Date campaign depository designate	ed: <b>06/13/20</b>	)23			
	Date filing fee paid for party nomination	ation:				
	Date Statement of Qualification file	d:				
	Date treasurer appointed:	06/13/20	)23			

(continued on next page)



# Statement of Organization CANDIDATE COMMITTEE

Filing Method					
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:  **M* File electronically using **SBE's Electronic Filing Application.    File electronically using an **SBE Approved Vendor** (Please indicate Name of Vendor:)   File paper reports.				
	Signature	Date			
Signatures					
Candidate's Signature	understand that I am required to comply with the Chapter 9.3 of the Code of Virginia). I also understand manner, all monies and things of value which the assessed for late or un-filed reports in the manner I do not appoint a treasurer, or if at any time the and accept all of the Treasurer's duties until the information on this or any document submitted be subject to the provisions of § 24.2-1016 when the complex complex in the provisions of § 24.2-1016 when the complex in the complex interests and the compl	ffirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I derstand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, apter 9.3 of the <i>Code of Virginia</i> ). I also understand that my Treasurer and I must truthfully report, in a timely nner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I further understand that if o not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume d accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false ormation on this or any document submitted to the State Board of Elections or local electoral boards that I may subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.			
	Candidate's Signature	Date			
Treasurer's Signature	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 9.3 of the <i>Code of Virginia</i> ). 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 <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Treasurer's Signature	Date			



### **Instructions for Completing This Form**

#### **General Guidelines**

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- □ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> 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 <u>Code of Virginia</u>.

#### **Type of Statement**

⇒ Check the box that best fits the type of Statement your committee is submitting.

#### **Campaign Committee's Mailing Address**

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

#### **Candidate Information**

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
  - o This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

#### **Election Information**

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
  - o If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

(continued on next page)



### **Instructions for Completing This Form**

#### **Treasurer Information**

\*The Treasurer must be a registered voter in Virginia.

- ⇒ Enter the name of the Treasurer for the campaign committee.
- ⇒ Enter the residence address for the Treasurer.
- ⇒ Enter the candidate's Voter Identification #.
  - o This can be found on the treasurer's voter card or by calling SBE.
- ⇒ Enter the email address of the Treasurer.
- ⇒ Enter the Treasurer's daytime phone number.

#### **Campaign Depository**

⇒ Enter the names and addresses of the committee's financial institutions.

\*The committee's depository must be in a financial institution within the Commonwealth.

#### **Filing Method**

⇒ Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

#### o Electronic Filing Option

https://cf.elections.virginia.

• If you choose to file electronically, log into the following Web site address:

#### 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 the transmission of electronic reports. 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: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>

#### **Signatures**

- ⇒ The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- ⇒ The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.