

# **Statement of Organization CANDIDATE COMMITTEE**

\*Please read instructions before completing this form.

Virginia State Board of Elections for the first time.  CC-17-00033    Date Changes Took Effect   SBE-issued Committee II	This committee is registering with the Virginia State Board of Elections for the first time.  CC-17-00033    Date Changes Took Effect   SBE-issued Committee ID	Type of Statement					
Virginia State Board of Elections for the first time.  CC-17-00033    Date Changes Took Effect   SBE-issued Committee III	Virginia State Board of Elections for the first time. CC-17-00033    Date Changes Took Effect   SBE-issued Committee ID		<b>⊠</b> NEW	□ AMENDED			
Tommittee Information    Committee Information	Teme. CC-17-00033    Date Changes Took Effect   SBE-issued Committee ID			This committee is filing an amended Statement of Organization.			
Committee Information  Wandling for Delegate Name of Candidate Campaign Committee PO Box 720  Street Address/PO Box Carrollton City State  Campaign Website	Committee Information  Wandling for Delegate Name of Candidate Campaign Committee PO Box 720  Street Address/PO Box Carrollton City j.wandling@charter.net Campaign Website  Campaign Website  Campaign Website  Candidate Information  Wandling Salutation Last Name First Name Middle Name Suffix 13250 Queens Gate Terrace Residence Address Residence Address Apt # Carrollton VA 23314  City State Vandlide Name Suffix 13250 Queens Gate Terrace Residence Address Apt # Carrollton VA 23314  City State Tip Code 13250 Queens Gate Terrace Residence Address Apt # Carrollton VA 23314  City State Tip Code 13250 Queens Gate Terrace Residence Address Apt # Carrollton VA 23314  City State Tip Code 13250 Queens Gate Terrace Residence Address Apt # Carrollton VA 23314  City State Tip Code 13750 Gib-7979 Email Address Daytime Phone # Well By checking this box, I certify that I am currently registered to vote at the address above.  Election Information  Member House of Delegates House of Delegates - 64th District Office Sought District (if one)	Virginia State L		Date Changes Took Effect	SBE-issued Commi	ittee ID	
Committee Information  City State Zi  J.wandling Grobelegate.com  Email Address  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address  Carrollton  VA 23:  Candidate Information  Campaign Website  Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address  Carrollton  VA 23:  Carrollton  City State Z  State Z  Symmetry S  Symmetry State Z  Symmetry State Z  Symmetry State Z  Symmetry	Wandling for Delegate   Name of Candidate Campaign Committee   PO Box 720		CC-17-00033				
Committee Information  City State Zi  J.wandling Grobelegate.com  Email Address  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address  Carrollton  VA 23:  Candidate Information  Campaign Website  Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address  Carrollton  VA 23:  Carrollton  City State Z  State Z  Symmetry S  Symmetry State Z  Symmetry State Z  Symmetry State Z  Symmetry	Wandling for Delegate   Name of Candidate Campaign Committee   PO Box 720		C	Committee Information			
Committee Information    Committee Information	PO Box 720						
Street Address/PO Box Carrollton City State    J.wandling@charter.net   (757) 615-7979	Street Address/PO Box   Suite #		Name of Candidate Campai	ign Committee			
Carrollton VA 23:  City State Zi  j.wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  www.wandlingfordelegate.com  Campaign Website   Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23:  City State Z  ISLE OF WIGHT COUNTY 917154162  County or City of Residence J.wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  IN By checking this box, I certify that I am currently registered to vote at the address above.	Carrollton VA 23314  City State Zip Code  j,wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  Wandling John Joseph  Salutation Last Name First Name Middle Name Suffix  13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23314  City State Zip Code  ISLE OF WIGHT COUNTY 917154162  County or City of Residence J,wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  Wandling John Joseph  Salutation Last Name First Name Middle Name Suffix  13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23314  City State Zip Code  ISLE OF WIGHT COUNTY 917154162  County or City of Residence Voter Identification #  j,wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  Email Address Daytime Phone #  Election Information  Member House of Delegates House of Delegates - 64th District  Office Sought District (if one)		PO Box 720				
Carrollton	Information City State Zip Code j.wandling@charter.net (757) 615-7979  Email Address Daytime Phone # www.wandlingfordelegate.com  Campaign Website    Vandling John Joseph	G ***	Street Address/PO Box		Suite #		
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Email Address Www.wandlingfordelegate.com  Campaign Website  Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23:  City State Z  ISLE OF WIGHT COUNTY 917154162  County or City of Residence Journal (757) 615-7979  Email Address Daytime Phone #  By checking this box, I certify that I am currently registered to vote at the address above.	Email Address www.wandlingfordelegate.com  Campaign Website  Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name Suffix 13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23314  City State Zip Code ISLE OF WIGHT COUNTY 917154162  County or City of Residence Voter Identification # j.wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  Member House of Delegates House of Delegates - 64th District  Office Sought District (if one)		City		State	Zip Code	
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Campaign Website  Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name  13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 233  City State Z  ISLE OF WIGHT COUNTY 917154162  County or City of Residence Voter Identification #  j.wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  By checking this box, I certify that I am currently registered to vote at the address above.	Candidate Information  Wandling John Joseph  Salutation Last Name First Name Middle Name Suffix 13250 Queens Gate Terrace  Residence Address Apt #  Carrollton VA 23314  City State Zip Code ISLE OF WIGHT COUNTY 917154162  County or City of Residence Voter Identification #  j.wandling@charter.net (757) 615-7979  Email Address Daytime Phone #  By checking this box, I certify that I am currently registered to vote at the address above.  Election Information  Member House of Delegates House of Delegates - 64th District  Office Sought District (if one)		Email Address		Daytime Phone #		
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Wandling   John   Joseph	Wandling   John   Joseph						
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ISLE OF WIGHT COUNTY    State   Page	ISLE OF WIGHT COUNTY   917154162	Candidate	Carrollton		VA	23314	
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	Election Information  Member House of Delegates House of Delegates - 64th District  District (if one)		By checking this box, I cer	rtify that I am currently registered	to vote at the address abo	ve.	
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Office Cought District (if one)							
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Revised: January 1, 2012



# **Statement of Organization CANDIDATE COMMITTEE**

Treasurer Information					
	Wandling	John	Joseph		
	Salutation Last Name	First Name	Middle Name	Suffix	
	13250 Queens Gate Terrace				
	Residence Address		Apt #		
Treasurer	Carrollton		VA	23314	
Information	City		State	Zip Code	
	ISLE OF WIGHT COUNTY		917154162		
	County or City of Residence	Voter Identification #			
	j.wandling@charter.net		(757) 615-7979		
	Email Address		Daytime Phone #		
	■ By checking this box, I certify that I an	n currently register	ed to vote at the address abo	ve.	
	Campaign	Depository			
Old Point Natio	onal Bank				
Name of Primary I	Financial Institution	Name of Other Fir	nancial Institution (if applical	ole)	
Hampton	VA				
City	State	City	State		
Committee Activity					
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
		01/05/20		,	
	Date first contribution accepted:	01/06/20			
	Date first expenditure made:				
Dates of Activity	Date campaign depository designate	ed: <b>01/06/20</b>	17		
	Date filing fee paid for party nomination	ation:			
	Date Statement of Qualification file	d:			
	Date treasurer appointed:	01/01/20	17		

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# Statement of Organization CANDIDATE COMMITTEE

Filing Method				
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:  ■ 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		
	Signa	tures		
Candidate's Signature	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 9.3 of the <i>Code of Virginia</i> ). 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 un-filed reports in the manner required by the <i>Code of Virginia</i> . 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. 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.			
	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 of 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.

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### **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.