

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement								
	⊠ NEW	□ AMENDED						
This committee is registering with the Virginia State Board of Elections for the first		This committee is filing an amended Statement of Organization.						
Virginia State L	time.	Date Changes Took Effect	nittee ID					
	CC-19-00972							
Committee Information								
	Iris Lane 4 School Board							
Committee Information	Name of Candidate Campai	ign Committee						
	P.O. Box 577 (3441 Moun	t Holly Road)						
	Street Address/PO Box		Suite #					
	Montross		VA	22520				
	City		State	Zip Code				
	IrisLane4SchoolBoard@g	ımail.com	(804) 493-9955					
	Email Address		Daytime Phone #					
	Campaign Website							
Candidate Information								
	Ms. Lane	Iris	A.					
	Salutation Last Name	First Name	Middle Name	Suffix				
	3441 Mount Holly Road							
	Residence Address		Apt #					
Candidate	Montross		VA	22520				
Information	City		State	Zip Code				
	WESTMORELAND COUN	TY	919174231					
	County or City of Residence		Voter Identification #					
	ILane500@gmail.com		(804) 472-3596					
	Email Address		Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.							
Election Information								
Election Information	Member School Board	Floction	DISTRICT 2					
	Office Sought	District (if or	ie)					
	Independent	2019		Special				
	Political Party	Year of Election	Type of Elec	tion				

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
	Ms.	Lane		ris	Α.	
	Salutation Salutation	Last Name		irst Name	Middle Name	Suffix
		nt Holly Road		II St I taine	Minute Manie	Dullia
	Residence A				Apt #	
_					-	22522
Treasurer Information	Montross				VA	22520
	City				State	Zip Code
		RELAND COUNT	Υ		919174231	
	County or C	City of Residence			Voter Identification #	
		@gmail.com			(804) 472-3596	
	Email Addr	ress			Daytime Phone #	
	■ By checking this box, I certify that I am currently registered to vote at the address above.					
		C	ampaign De	pository		
Virginia Commonwealth Bank						
Name of Primary F	inancial Insti	itution	N	Name of Other Financial Institution (if applicable)		
Montross	VA					
City	State			City State		
Committee Activity						
Dates of Activity	Date Date Date Date Date	vide the following d first contribution ac- first expenditure ma campaign depositor; filing fee paid for pa Statement of Qualif- treasurer appointed:	cepted: de: y designated: arty nomination ication filed:	06/10/2	2019	, write "N/A")

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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: **Example The Indicate The Method Service The Indicate The					
	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, lapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely unner, 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 formation 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.

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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: http://www.sbe.virginia.gov/

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.