

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement							
□ NEW This committee is registering with the Virginia State Board of Elections for the first time.		X AMENDED					
		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect SBE-issued Committee			nittee ID		
		C	7/11/2012	CC-12-001	CC-12-00142		
Committee Information							
Committee Information	Friends of Linda Smyth						
	Name of Candidate Campaign Committee						
	P. O. Box 1574						
	Street Address/PO Box			Suite #			
	Fairfax			VA	22038		
	City			State	Zip Code		
	Linda.Smyth@Gmail.com	I		(703) 385-0900			
	Email Address			Daytime Phone #			
	Campaign Website						
	(Candidate I	nformation				
	Smyth		Linda	Quinne			
	Salutation Last Name		First Name	Middle Name	Suffix		
	2910 Hideaway Road						
	Residence Address			Apt #			
Candidate	Fairfax			VA	22031		
Information	City			State	Zip Code		
	FAIRFAX COUNTY			302037698			
	County or City of Residence			Voter Identification #			
	Linda.Smyth@Gmail.com			(703) 385-0900			
	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 Board of Superv	sors Election - PROVIDENCE DISTRICT					
	Office Sought	District (if one)					
	Democratic		2019	XNovember May	-		
	Political Party	Y	ear of Election	Type of Elect	tion		



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information							
	Smyth	Nigel	Sefton				
	Salutation Last Name	First Name	Middle Name	Suffix			
	2910 Hideaway Road						
	Residence Address		Apt #				
Treasurer	Fairfax		VA	22031			
Information	City		State	Zip Code			
	FAIRFAX COUNTY		303037698				
	County or City of Residence	Voter Identification #					
	nssesq@juno.com	(703) 385-0900					
	Email Address	Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.						
	Campaign	Depository					
SunTrust Bank							
Name of Primary F	inancial Institution	Name of Other Financial Institution (if applicable)					
Fairfax	VA						
City	State	City	State				
	Committe	ee Activity					
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")						
	Date first contribution accepted:	02/19/20	08				
	Date first expenditure made:	02/20/20	008				
Dates of Activity	Date campaign depository designate	ed: 02/07/20	008				
	Date filing fee paid for party nomin	ation:06/01/20	11				
	Date Statement of Qualification file	02/07/20	911				
	Date treasurer appointed:	02/01/20	08				

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Statement of Organization CANDIDATE COMMITTEE

Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:				
	I File electronically using SBE's Electronic Filing Application.				
Filing Method	□ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	□ File paper reports.				
	<u>.</u>				
	Signature	Date			
Signatures					
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 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.
- \Rightarrow All requested information on the form is <u>required</u> 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

 \Rightarrow 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).
- \Rightarrow 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.)
- \Rightarrow Enter the Campaign Committee's email address
- \Rightarrow Enter the campaign's primary daytime phone number.
- \Rightarrow Enter the Campaign Website (if none, enter N/A)

Candidate Information

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

Election Information

- \Rightarrow 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").
- \Rightarrow Enter the year of the office's General Election.
 - 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.

- \Rightarrow Enter the name of the Treasurer for the campaign committee.
- \Rightarrow Enter the residence address for the Treasurer.
- \Rightarrow Enter the candidate's Voter Identification #.
 - This can be found on the treasurer's voter card or by calling SBE.
- \Rightarrow Enter the email address of the Treasurer.
- \Rightarrow 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.
 - Electronic Filing Option
 - 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

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