

# **Statement of Organization CANDIDATE COMMITTEE**

\*Please read instructions before completing this form.

Type of Statement							
□ NEW		<b>☒</b> AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect SBE-issue		nittee ID			
		06/21/2022	CC-22-00483				
Committee Information							
	Richard W. "RK" Kowalewitch for City Council District 6						
	Name of Candidate Campai	ign Committee					
	824 24th St						
Committee Information	Street Address/PO Box	-	Suite #				
	Virginia Beach		VA	23451			
	City	\$	State	Zip Code			
	RK8@cox.net		(757) 831-6143				
	Email Address	]	Daytime Phone #				
	Campaign Website						
		Candidate Information					
	Mr. Kawalawitah	Dishand	ייאר ייםעיי				
	Mr. Kowalewitch	Richard	W. "RK"				
	Salutation Last Name	First Name	Middle Name	Suffix			
				Suffix			
	Salutation Last Name	First Name		Suffix			
Candidate	Salutation Last Name 824 24th St	First Name	Middle Name	Suffix 23451			
Candidate Information	Salutation Last Name 824 24th St Residence Address	First Name	Middle Name				
	Salutation Last Name 824 24th St Residence Address Virginia Beach	First Name	Middle Name Apt #	23451			
	Salutation Last Name 824 24th St Residence Address Virginia Beach City	First Name	Middle Name  Apt #  VA  State	23451			
	Salutation Last Name 824 24th St Residence Address Virginia Beach City Virginia Beach City	First Name	Middle Name Apt # VA State 918408078	23451			
	Salutation Last Name 824 24th St  Residence Address  Virginia Beach  City  Virginia Beach City  County or City of Residence	First Name	Middle Name  Apt #  VA  State 918408078  Voter Identification #	23451			
	Salutation Last Name 824 24th St Residence Address Virginia Beach City Virginia Beach City County or City of Residence RK8@cox.net Email Address	First Name	Middle Name  Apt #  VA  State 918408078  Voter Identification #  (757) 831-6143  Daytime Phone #	23451 Zip Code			
	Salutation Last Name 824 24th St  Residence Address  Virginia Beach  City  Virginia Beach City  County or City of Residence RK8@cox.net  Email Address  M By checking this box, I cer	First Name	Middle Name  Apt #  VA  State 918408078  Voter Identification #  (757) 831-6143  Daytime Phone #	23451 Zip Code			
Information	Salutation Last Name 824 24th St  Residence Address  Virginia Beach  City  Virginia Beach City  County or City of Residence RK8@cox.net  Email Address  M By checking this box, I cer	First Name  S S S S S S S S Tify that I am currently registered	Middle Name  Apt #  VA  State 918408078  Voter Identification #  (757) 831-6143  Daytime Phone #  to vote at the address about	23451 Zip Code			
Information	Salutation Last Name 824 24th St  Residence Address  Virginia Beach  City  Virginia Beach City  County or City of Residence RK8@cox.net  Email Address  By checking this box, I cer	First Name  S S S S S Trify that I am currently registered  Election Information	Middle Name  Apt #  VA  State 918408078  Voter Identification #  (757) 831-6143  Daytime Phone #  to vote at the address about	23451 Zip Code			
Information	Salutation Last Name 824 24th St  Residence Address  Virginia Beach  City  Virginia Beach City  County or City of Residence RK8@cox.net  Email Address  Member City Council	First Name  S S S S S Triffy that I am currently registered  Election Information  Election - D	Middle Name  Apt #  VA  State 918408078  Voter Identification #  (757) 831-6143  Daytime Phone #  to vote at the address about	23451 Zip Code			

Revised: January 1, 2012



# **Statement of Organization CANDIDATE COMMITTEE**

Treasurer Information							
	Mr.	Kowalewitch	Richard	v	W. "RK"		
	Salutation	Last Name	First Name	N	Iiddle Name	Suffix	
	824 24th	St					
Treasurer	Residence A	Address		Apt#			
	Virginia E	Beach		VA		23451	
Information	City			State		Zip Code	
	Virginia E	Beach City		918408078			
	County or C	City of Residence		Voter Identification #			
	RK8@cox	c.net		(757) 831-6143			
	Email Addı	·ess		Daytime Phone #			
	■ By checking this box, I certify that I am currently registered to vote at the address above.						
		Camp	aign Depository				
Fulton Bank							
Name of Primary Financial Institution			Name of Othe	Name of Other Financial Institution (if applicable)			
Virginia Beach VA							
City		State	City	State			
Committee Activity							
Dates of Activity	Date campaign depository designated:  Date filing fee paid for party nomination:						
		Statement of Qualification treasurer appointed:		0/2022	-		

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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 Television**					
	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	of the information on this form is complete and truthful. I the provisions of the Campaign Finance Disclosure Act (Title 24.2, derstand that my Treasurer and I must truthfully report, in a timely this campaign committee receives or expends. Civil penalties shall nanner required by the <i>Code of Virginia</i> . I further understand that if the treasurer's position is vacant, that I, as the candidate, will assume the position is filled. I also understand that if I provide false to the State Board of Elections or local electoral boards that I may ich 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: <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.