

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement						
\Box NEW		X 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-issued Committee		tee ID		
		06/19/2023	CC-21-00938			
Committee Information						
Committee Information	Steven A Baker For Super	rvisor				
	Name of Candidate Campai	ign Committee				
	1341 Conicville Road					
	Street Address/PO Box		Suite #			
	Mt Jackson		VA	22842		
	City		State	Zip Code		
	bakerinc@shentel.net		(540) 477-3550			
	Email Address		Daytime Phone #			
	Campaign Website					
	(Candidate Information				
	Baker	Steven	Α			
	Salutation Last Name	First Name	Middle Name	Suffix		
	1341 Conicville Road					
	Residence Address		Apt #			
Candidate	Mt Jackson	,	VA	22842		
Information	City	S	State	Zip Code		
	Shenandoah County		603029558			
	County or City of Residence		Voter Identification #			
	bakerinc@shentel.net		(540) 477-3550			
	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	isors Election - D	istrict 2			
	Office Sought	District (if one	District (if one)			
	Republican	2023	X _{November} DMay	-		
	Political Party	Year of Election	Type of Electio	n		



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
	Rinker	Sandra	Fay		
	Salutation Last Name	First Name	Middle Name	Suffix	
	2471 Wissler Road				
	Residence Address		Apt #		
Treasurer Information	Mt Jackson		VA	22842	
	City		State	Zip Code	
	Shenandoah County		124092457		
	County or City of Residence	Voter Identification #			
	sandyrinker@hotmail.com	(540) 975-0132			
	Email Address		Daytime Phone #		
	By checking this box, I certify that I am currently registered to vote at the address above.				
	Campaign	Depository			
First Bank					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
Strasburg	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")				
	Date first contribution accepted:	05/16/20		2	
		05/12/20	15		
	Date first expenditure made:	. 03/27/20	15		
Dates of Activity	Date campaign depository designate	ed:			
	Date filing fee paid for party nomina				
	Date Statement of Qualification file	d:06/19/202	23		
	Date treasurer appointed:	07/12/20	19		

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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 completed understand that I am required to comply with the provisions of the Campaign Finance II. Chapter 9.3 of the <i>Code of Virginia</i>]. I also understand that my Treasurer and I must true manner, all monies and things of value which this campaign committee receives or experiments of the assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as and accept all of the Treasurer's duties until the position is filled. I also understand that information on this or any document submitted to the State Board of Elections or local obe subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.		In the provisions of the Campaign Finance Disclosure Act (Title 24.2, understand that my Treasurer and I must truthfully report, in a timely the this campaign committee receives or expends. Civil penalties shall manner 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 and to the State Board of Elections or local electoral boards that I may			
	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.