

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement							
X NEW		□ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time. CC-22-00327		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect	ttee ID				
Committee Information							
Committee Information	Wood for Delegate						
	Name of Candidate Campaign Committee						
	3041 River Road W						
	Street Address/PO Box		Suite #				
	Goochland		VA	23063			
	City		State	Zip Code			
	jennie@monumentalcons	sultingllc.com	(804) 513-1482				
	Email Address		Daytime Phone #				
	http://www.woodfordeleg	ate.com					
	Campaign Website						
	(Candidate Information					
	Ms. Wood	Jennie	Α.				
	Salutation Last Name	First Name	Middle Name	Suffix			
	3041 River Road W						
	Residence Address		Apt #				
Candidate	Goochland		VA	23063			
Information	City	;	State	Zip Code			
	Goochland County		920001298				
	County or City of Residence		Voter Identification #				
	jennie@monumentalcons	sultingllc.com	(804) 513-1482				
	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 House Of Delega	ates House Of D	ouse Of Delegates - 56th District				
	Office Sought	District (if one	District (if one)				
	Republican	2023		Special			
	Political Party	Year of Election	Type of Election	on			



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information							
	Mr.	Selph	Johi	ı	G.		
-	Salutation	Last Name	First	Name	Middle Name	Suffix	
	9521 Mea	dowview Road					
	Residence A	Address		Apt #			
Treasurer	Henrico			VA		23294	
Information	City			State		Zip Code	
	Henrico County			410025282			
	County or City of Residence			Voter Identification #			
	john@forestcs.com			(804) 270-6739			
	Email Addr	ress		Daytime P	hone #		
	By checking this box, I certify that I am currently registered to vote at the address above.						
			Campaign Depos	sitory			
Bank of America							
Name of Primary Financial Institution			Name	of Other Financial Instit	ution (if applicab	le)	
Glen Allen		VA					
City		State	City		State		
			Committee Acti	vity			
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") Date first contribution accepted:						
	Date	first expenditure n	nade:				
Dates of Activity		-		05/31/2022			
	Date campaign depository designated:						
	Date filing fee paid for party nomination:		party nomination: _				
	Date	Statement of Qual	ification filed:				
	Date treasurer appointed:		05/31/2022				

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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:				
Filing Method	I File electronically using SBE's Electronic Filing Application.				
	□ 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.