



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement																																																																															
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 5px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 5px;">05/31/2023</td> <td style="text-align: center; padding: 5px;">CC-13-00298</td> </tr> </table>				Date Changes Took Effect	SBE-issued Committee ID	05/31/2023	CC-13-00298																																																																							
Date Changes Took Effect	SBE-issued Committee ID																																																																														
05/31/2023	CC-13-00298																																																																														
Committee Information																																																																															
Committee Information	Tracy Quackenbush Martin for Commonwealth's Attorney																																																																														
	Name of Candidate Campaign Committee																																																																														
	P O Box 973																																																																														
	Street Address/PO Box		Suite #																																																																												
	Halifax		VA 24558																																																																												
	City		State																																																																												
tqmforca@gmail.com		(434) 476-2139																																																																													
Email Address		Daytime Phone #																																																																													
Campaign Website																																																																															
Candidate Information																																																																															
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Martin</td> <td style="width: 33%; text-align: center;">Tracy</td> <td colspan="2" style="width: 34%; text-align: center;">Quackenbush</td> </tr> <tr> <td style="text-align: center;">Salutation</td> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name</td> </tr> <tr> <td colspan="2" style="padding: 10px;">49 Maple Avenue</td> <td colspan="2" style="padding: 10px;"></td> </tr> <tr> <td colspan="2" style="padding: 10px;">Residence Address</td> <td colspan="2" style="padding: 10px;">Apt #</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Halifax</td> <td colspan="2" style="padding: 10px;">VA 24558</td> </tr> <tr> <td colspan="2" style="padding: 10px;">City</td> <td colspan="2" style="padding: 10px;">State</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Halifax County</td> <td colspan="2" style="padding: 10px;">918347723</td> </tr> <tr> <td colspan="2" style="padding: 10px;">County or City of Residence</td> <td colspan="2" style="padding: 10px;">Voter Identification #</td> </tr> <tr> <td colspan="2" style="padding: 10px;">tqmforca@gmail.com</td> <td colspan="2" style="padding: 10px;">(434) 579-2612</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Email Address</td> <td colspan="2" style="padding: 10px;">Daytime Phone #</td> </tr> <tr> <td colspan="5" style="padding: 10px;"><input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.</td> </tr> <tr style="background-color: #d3d3d3;"> <th colspan="5" style="text-align: center; padding: 5px;">Election Information</th> </tr> <tr> <td rowspan="4" style="width: 15%; text-align: center; vertical-align: middle; padding: 10px;">Election Information</td> <td colspan="4" style="padding: 10px;">Commonwealth's Attorney</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Office Sought</td> <td colspan="2" style="padding: 10px;">District (if one)</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Independent</td> <td colspan="2" style="padding: 10px;">2023</td> </tr> <tr> <td colspan="2" style="padding: 10px;">Political Party</td> <td colspan="2" style="padding: 10px;">Year of Election</td> </tr> <tr> <td colspan="2" style="padding: 10px;"></td> <td colspan="2" style="padding: 10px;"> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special </td> </tr> <tr> <td colspan="2" style="padding: 10px;"></td> <td colspan="2" style="padding: 10px;">Type of Election</td> </tr> </table>				Martin	Tracy	Quackenbush		Salutation	Last Name	First Name	Middle Name	49 Maple Avenue				Residence Address		Apt #		Halifax		VA 24558		City		State		Halifax County		918347723		County or City of Residence		Voter Identification #		tqmforca@gmail.com		(434) 579-2612		Email Address		Daytime Phone #		<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					Election Information					Election Information	Commonwealth's Attorney				Office Sought		District (if one)		Independent		2023		Political Party		Year of Election				<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				Type of Election	
	Martin	Tracy	Quackenbush																																																																												
	Salutation	Last Name	First Name	Middle Name																																																																											
	49 Maple Avenue																																																																														
	Residence Address		Apt #																																																																												
	Halifax		VA 24558																																																																												
	City		State																																																																												
	Halifax County		918347723																																																																												
	County or City of Residence		Voter Identification #																																																																												
tqmforca@gmail.com		(434) 579-2612																																																																													
Email Address		Daytime Phone #																																																																													
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.																																																																															
Election Information																																																																															
Election Information	Commonwealth's Attorney																																																																														
	Office Sought		District (if one)																																																																												
	Independent		2023																																																																												
	Political Party		Year of Election																																																																												
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special																																																																													
		Type of Election																																																																													

Statement of Organization
CANDIDATE COMMITTEE

CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	Reiter		Helen	
	Salutation	Last Name	First Name	Middle Name
	79 Mountain Road			
	Residence Address		Apt #	
	Halifax		VA 24558	
	City		State	
	Halifax County		028020941	
County or City of Residence		Voter Identification #		
helen@reiter-reiter.com		(434) 476-2190		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Benchmark Community Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Halifax VA				
City		State	City	
			State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		04/29/2013	
	Date first expenditure made:		04/29/2013	
	Date campaign depository designated:		04/29/2013	
	Date filing fee paid for party nomination:			
	Date Statement of Qualification filed:			
	Date treasurer appointed:		04/29/2013	

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;"> _____ Signature _____ Date </p>
Signatures	
Candidate's Signature	<p>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.</p> <p style="text-align: center;"> _____ Candidate's Signature _____ Date </p>
Treasurer's Signature	<p>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.</p> <p style="text-align: center;"> _____ Treasurer's Signature _____ Date </p>



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 **any** 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 Code of Virginia.

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 #.
 - 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.
 - 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.

(continued on next page)



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 #.
 - 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 all of their campaign finance disclosure reports electronically.
 - **Electronic Filing Option**
 - If you choose to file electronically, log into the following Web site address: <https://cf.elections.virginia>.
 - **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.