

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.		☒ AMENDED					
		This committee is filing an amended Statement of Organization.					
		Date Cl	anges Took Effect	SBE-issued	Committee ID		
			10/11/2022 CC-22-00674		2-00674		
Committee Information							
Committee Information	Waugh-Robinson for Tow	n Council					
	Name of Candidate Campai	ign Commit	tee				
	199 Red Hill Rd						
	Street Address/PO Box			Suite #			
	Orange			VA	22960		
	City			State	Zip Code		
	waughrobinson@yahoo.d	om		(540) 661-2263			
	Email Address			Daytime Phone #			
	Campaign Website						
	(Candidate 1	<u>Information</u>				
	Waugh-Robins	son	Donna	Edwai	rds		
	Salutation Last Name		First Name	Middle	Name Suffix		
	199 Red Hill Rd						
	Residence Address			A 4 .44			
Candidate	Residence Huaress			Apt #			
Candidate	Orange			Apt# VA	22960		
Candidate Information				_	22960 Zip Code		
	Orange		\$	VA			
	Orange City Orange County County or City of Residence		,	VA State	Zip Code		
	Orange City Orange County	com	,	VA State 503027500 Voter Identification (540) 661-2263	Zip Code		
	Orange City Orange County County or City of Residence	com	,	VA State 503027500 Voter Identification	Zip Code		
	Orange City Orange County County or City of Residence waughrobinson@yahoo.c		;	VA State 503027500 Voter Identification (540) 661-2263 Daytime Phone #	Zip Code		
	Orange City Orange County County or City of Residence waughrobinson@yahoo.c Email Address By checking this box, I cer	tify that I ar	;	VA State 503027500 Voter Identification (540) 661-2263 Daytime Phone #	Zip Code		
Information	Orange City Orange County County or City of Residence waughrobinson@yahoo.c Email Address By checking this box, I cer	tify that I ar	n currently registered	VA State 503027500 Voter Identification (540) 661-2263 Daytime Phone # to vote at the address	Zip Code		
	Orange City Orange County County or City of Residence waughrobinson@yahoo.c Email Address By checking this box, I cer	tify that I ar	n currently registered	VA State 503027500 Voter Identification (540) 661-2263 Daytime Phone # to vote at the addre	Zip Code		
Information	Orange City Orange County County or City of Residence waughrobinson@yahoo.c Email Address By checking this box, I cen	tify that I ar	n currently registered Iformation Town - Oran	VA State 503027500 Voter Identification (540) 661-2263 Daytime Phone # to vote at the addre	Zip Code		



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
Treasurer Information	Samuels	Kirsten	Otto			
	Salutation Last Name	First Name	Middle Name	Suffix		
	11435 Rapidan Rd					
	Residence Address		Apt #			
	Orange		VA	22960		
	City		State	Zip Code		
	Orange County		917002174			
	County or City of Residence	Voter Identification #				
	kirstiotto@yahoo.com	(540) 661-2585				
	Email Address		Daytime Phone #			
	■ By checking this box, I certify that I am currently registered to vote at the address above.					
	Campaign	Depository				
UVA Communi	ty Credit Union					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Orange	VA					
City	State	City	State			
	Committee Activity					
Dates of Activity	Please provide the following dates. (If an Date first contribution accepted: Date first expenditure made: Date campaign depository designated Date filing fee paid for party noming Date Statement of Qualification filed Date treasurer appointed:	10/11/2 ed: ation:	022	, write "N/A")		

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Filing Method					
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports: ■ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) □ File paper reports.				
	Signature	Date			
Signatures					
Candidate's Signature	affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I nderstand 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 nanner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall e assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I further understand that if do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false afformation on this or any document submitted to the State Board of Elections or local electoral boards that I may e 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.
- ⇒ 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: 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.