

## 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.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect	SBE-issued Comm	ittee ID			
CC-23-02214							
	Committee Information						
Committee Information	Patricia Atkins						
	Name of Candidate Campaign Committee						
	5255 Dabneys Mill Road						
	Street Address/PO Box Suite		Suite #				
	Manquin		VA	23106			
	City		State	Zip Code			
	P.Atkins_2023@yahoo.com (804) 986-4153						
			Daytime Phone #				
	Campaign Website						
Candidate Information							
	Atkins	Patricia					
	Salutation Last Name	First Name	Middle Name	Suffix			
	5255 Dabneys Mill Road						
	Residence Address	Apt #					
Candidate	Manquin		VA	23106			
Information	City	S	State	Zip Code			
	King William County	9	917983059				
	County or City of Residence		Voter Identification #				
	P.Atkins_2023@yahoo.co	om	(804) 986-4153				
	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 School Board	Election - Fifth District					
	Office Sought	District (if one)					
	Independent	2023		Special			
	Political Party	Year of Election	Type of Election	ion			



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
Atkins	James	ш				
Salutation Last Name	First Name	Middle Name Suffix				
5255 Dabneys Mill Road						
Residence Address	Apt #					
Manquin	VA	23106				
City	State	Zip Code				
King William County	918218	3439				
County or City of Residence	Voter Ide	entification #				
Rivercatn1@yahoo.com	(804) 3	866-4863				
Email Address	Daytime	Phone #				
By checking this box, I certify that I am currently registered to vote at the address above.						
Campaign Depository						
Union						
inancial Institution	Name of Other Financial Inst	titution (if applicable)				
VA						
State	City	State				
Committee Activity						
Date first contribution accepted: Date first expenditure made: Date campaign depository designate Date filing fee paid for party nomin	06/20/2023	or this committee, write "N/A") 				
	Atkins   Salutation Last Name   5255 Dabneys Mill Road   Residence Address   Manquin   City   King William County   County or City of Residence   Rivercatn1@yahoo.com   Email Address	Atkins       James         Salutation       Last Name       First Name         5255       Dabneys Mill Road       Apt #         Residence Address       Apt #         Manquin       VA         City       State         King William County       918218         County or City of Residence       Voter Ide         Rivercatn1@yahoo.com       (804) 3         Email Address       Daytime         Ø By checking this box, I certify that I am currently registered to vote       Campaign Depository         Union       Name of Other Financial Institution         VA       City       State         VA       City       Please provide the following dates. (If an action has not yet occurred for Date first contribution accepted:       06/20/2023				

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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:				
	I File electronically using SBE's Electronic Filing Application.				
Filing Method	□ File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor:)				
	□ File paper reports.				
	<u>.</u>				
	Signature	Date			
Signatures					
Candidate's Signature	understand that I am required to comply with Chapter 9.3 of the <i>Code of Virginia</i> ). I also u manner, all monies and things of value whic be assessed for late or un-filed reports in the I do not appoint a treasurer, or if at any time and accept all of the Treasurer's duties until	Il of the information on this form is complete and truthful. I a the provisions of the Campaign Finance Disclosure Act (Title 24.2, understand that my Treasurer and I must truthfully report, in a timely h 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 ted to the State Board of Elections or local electoral boards that I may which is punishable by a Class 5 felony.			
	Candidate's Signature	Date			
Treasurer's Signature	<b>I accept the appointment of Treasurer of this campaign committee.</b> 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: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>

#### **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.