Independent Expenditure Report

§ 24.2-945.2 of the <u>Code of Virginia</u>
This document must be clear, legible and typed or printed in blue or black ink
and may be sent by fax with an original signed copy postmarked by the due date.

**Due Within 24 Hours of the Time When the Funds Were Expended
or Dissemination of the Expenditure (Whichever is First)**

Please Note: Political Action (PAC) and Political Party committees which have not yet registered with the State Board of Elections must submit a Statement of Organization form (SBE-949.2 [PACs] or SBE 950.2 [Parties]) with the Independent Expenditure Form.

_____
DATE OF INDEPENDENT EXPENDITURE

_____
SBE COMMITTEE ID NUMBER (if one)

_____
INSERT FULL NAME OF INDIVIDUAL, ENTITY OR COMMITTEE MAKING THE EXPENDITURE

_____
PRIMARY MAILING ADDRESS

_____
CITY   STATE   ZIP CODE

_____
DAYTIME PHONE (INCLUDING AREA CODE)

I certify that these expenditures were not made at the request or suggestion of any candidate, any candidate's campaign committee, or any agent(s) of candidate(s) that are supported by or benefited from this expenditure. I also certify that no candidate or any agent of any candidate's campaign committee had material involvement in devising the strategy, content, means of dissemination or timing of these expenditures. I further certify that the information contained in this report is true, complete, and correct to the best of my knowledge. I understand that providing false information on this form is subject to the provisions of § 24.2-1016 of the *Code of Virginia* and is punishable up to a Class 5 felony.

_____   _____
DATE   **SIGNATURE OF PERSON RESPONSIBLE FOR ESPENDITURE OR TREASURER OF THE COMMITTEE**

INDEPENDENT EXPENDITURE REPORT

SECTION I: LIST OF CANDIDATE(S) SUPPORTED OR OPPOSED

Candidate Committee Name and Address	Office Sought	Support or Oppose?	% of Expenditure
		Total %	

INDEPENDENT EXPENDITURE REPORT

SECTION II: LIST ALL EXPENDITURES MADE SUPPORTING OR OPPOSING THE CANDIDATE(S) LISTED ABOVE

COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 DESCRIPTION OF EXPENDITURE	COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 5 AMOUNT PAID
		TOTAL PAID	

Instructions for Completing this Form
Independent Expenditures

This form must be written in ink or typed or it will be rejected.

o   This form should be used to report a single independent expenditure supporting or benefiting one or more candidates.

o   If Supporting or Opposing Candidates for Statewide Office or the General Assembly please fax this form to (804) 786-1364 and mail to:

Virginia State Board of Elections
200 N. 9th St., Suite 101
Richmond, VA 23219

o   This Form Must be Submitted to the Local Electoral Board if Supporting or Opposing Candidates for Local or Constitutional Office. Please visit SBE's website (www.sbe.virginia.gov) for contact information for each county and city's local electoral board.

o   Political Action (PAC) and Political Party committees which have not yet registered with the State Board of Elections must submit a Statement of Organization form (SBE-949.2 [PACs] or SBE 950.2 [Parties]).

   o   The original, signed Statement of Organization must be submitted to the State Board of Elections. If supporting a candidate for local office, a copy must be submitted to the local electoral board of the county or city of the candidate's residence which was supported opposed by the independent expenditure.

   o   Certain county, city, and local magisterial district party committees are exempt from this requirement. Please see § 24.2-950.1 for more information.

Itemization of an independent expenditure is required if:

o   A person, political action committee, political party committee, referendum committee, inaugural committee, or candidate campaign committee makes an expenditure that supports, opposes or benefits a candidate for non-federal office in Virginia without the express request or suggestion of the candidate or an agent of the candidate's campaign committee. To qualify as an independent expenditure, the candidate or an agent of the candidate's committee which the expenditure is meant to support or benefit, must not have material involvement in devising the strategy, content, means of dissemination or timing of the expenditure.

o   the expenditure is an excess of $1,000, in the aggregate for the election cycle; or

o   the expenditure is an excess of $200, in the aggregate for the election cycle.

o   The Independent Expenditure report is due no later than 24 hours after the expenditure has been made or when the expenditure is disseminated, whichever is first.

Instructions for Completing this Form
(cont.)

Cover Sheet

o **Date of Expenditure:** Indicate the date that you made the independent expenditure or the date that the independent expenditure was first disseminated, whichever was first.
o **SBE Committee ID Number:** Enter the committee number provided to you by SBE. If you are not registered with SBE, you will not have a committee number. In this case, leave this space blank.
o **Name:** Enter the name of the person or committee which made the independent expenditure.
o **Primary Mailing Address:** Enter the primary mailing address as indicated on your committee's Statement of Organization. If you are an entity not registered with SBE, please indicate your mailing address. Post office boxes are acceptable.
o **Daytime Phone Number:** Please indicate the best phone number to reach you during the day.
o **Signature:** Please read the statement carefully and be sure to sign and date the form.

Section I: List of Candidates Supported or Opposed

o Please indicate each candidate committee, address, office sought and whether the candidate was supported or opposed from the expenditure as well as the percentage of the expenditure that went to supporting or opposing the candidate's listed.

Section II: List of Expenditures

o **Person or Company Paid:** Please list the persons or companies paid along with their address.
o **Description of Expenditure:** Please provide a brief description of the expenditure. Vague descriptions may result in a request for additional information.
o **Name of Person Authorizing Expenditure:** Indicate the name of the person who authorized the expenditure.
o **Amount Paid:** Indicate the amount paid for the particular expenditure.