

## Overview

Pursuant to Va. Code § 24.2-953.6(A):

- Any person or committee has the right to appeal to the State Board of Elections a campaign finance civil penalty assessed pursuant to Chapter 9.3, Title 24.2 of the Code of Virginia.
- An appeal must be by petition on a form prescribed by the State Board.
- A petition for appeal must be received within 60 days following actual receipt of the written notice of penalty.

A campaign finance penalty appeal may be petitioned using this form or online at: <u>https://cfapps.elections.virginia.gov/Appeal</u>

## Instructions for this Form

Provide the information requested below. Attach all relevant evidence and documentation to support your stated grounds for appeal. Failure to provide all information may result in the rejection of your petition.

This completed form and all attachments may be sent electronically to **CFAppeals@elections.virginia.gov** or by certified mail to Virginia Department of Elections, c/o Campaign Finance, Washington Building, First Floor, 1100 Bank Street, Richmond, Virginia 23219.

Petitioner Information	
Name:	Date:
Committee Role (if applicable):	Phone Number:
Address:	
Email Address:	
Penalized Committee/Individual Information	
A. Complete these fields if penalty was assessed to a committee	
Committee Name:	Committee Code:
0 <i>r</i>	
B. Complete these fields if penalty was assessed to an individual	
Name of Penalized Individual:	Phone Number:
Is individual associated with a candidate or committee? $\Box$ Yes $\Box$ No	
If yes, provide candidate/committee and relationship:	
Address:	
Email Address:	

**Campaign Finance Report Information** – If applicable, provide the following information for the campaign finance report related to the penalty.

	Filing Period Start Date:	
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Filing Deadline: \_\_\_\_\_

Filing Date of Report:

**Penalty Information -** *Provide the following information related to the penalty. Attach a copy of the penalty notice.* 

Issuing Entity: \_\_\_\_\_

Invoice Number: \_\_\_\_\_\_ Penalty Date: \_\_\_\_\_\_

Filing Period End Date: \_\_\_\_\_

Penalty Amount: \_\_\_\_\_\_ Date of Receipt of Penalty Notice: \_\_\_\_\_

**Reason for Appeal -** *Select all that apply* 

Circumstances made filing the required report or requesting an extension by the deadline impracticable.

□ There was an administrative error in the assessment of the penalty.

Grounds for Appeal - Provide relevant facts and information to establish good cause to grant relief. Attach additional pages as needed in addition to all relevant supporting documentation and evidence.

Relief Sought - State the relief requested. Relief may include the forgiveness of all or a portion of an assessed penalty, the retroactive extension of a deadline, or other appropriate remedy. Relief may not include an exemption from filing a required campaign finance report.

## **Petitioner Affirmation**

I swear/affirm, under felony penalty for making willfully false material statements or entries pursuant to Va. Code § 24.2-1016, that the information provided on this form and in any attachments to this form is true.

Signature:

Date: \_\_\_\_\_