



Who Can File A Personal Use Complaint?

A person who believes a violation of [§24.2-948.6](#) (Use of Campaign Funds) has occurred **AND** meets at least one of the following:

1. Contributed to the candidate or their committee, **OR**
2. Is qualified to vote in the election for the office for which the candidate is running.

How Can the Personal Use Complaint Form be filed?

1. Electronically at: <https://cfapps.elections.virginia.gov/PersonalUseComplaint>, or
2. Electronically to: PPUComplaint@elections.virginia.gov, or
3. Via paper form sent by certified mail to the Virginia Department of Elections, c/o Campaign Finance, Washington Building, First Floor, 1100 Bank Street, Richmond, VA 23219.

Things to Know Before Completing this Complaint Form:

-Complainants must sign a sworn statement agreeing to strict confidentiality regarding the complaint and all related matters as required in [§24.2-948.7](#).

-Complaint forms:

- Must be signed and sworn to by the person filing the complaint,
- Must be notarized,
- Are made under penalty of perjury and subject to Virginia Code [§24.2-1016](#), and
- All relevant evidence and documentation supporting the grounds for the complaint must be attached to or submitted with the Complaint.

-Failure to provide required information or supporting documentation could result in rejection of your complaint.



Personal Use Complaint

Complainant Information

Name:

Address:

Email Address:

Complainant Eligibility

Select the basis of your eligibility to file this complaint (check as many as apply):

I contributed to the candidate or their committee.

Date of Donation: Amount of Donation:

I am qualified to vote in the election for the office for which the candidate is running.

Voter ID #: (<https://vote.elections.virginia.gov/VoterInformation>)

Respondent Information (Person against whom the complaint is addressed)

Candidate or Committee Name:

Date(s) of Alleged Violation(s):

Persons Having Knowledge of Facts Related to the Alleged Violation

Name:

Phone number:

Email:

Address:

Name:

Phone number:

Email:

Address:

Name:

Phone number:

Email:

Address:

*Include same information for additional persons in an attachment and include in documentation.



Description of the Alleged Violation(s) of §24.2-948.6

Use the text box below to provide your description.

NOTE: Description must contain credible allegations of violations related to use of campaign contributions by the candidate or committee.

*If additional space is needed, continue description in an attachment and include in documentation.

Complainant Declaration and Affirmation

I declare, under felony penalty for making willfully false material statements or entries pursuant to Va. Code §24.2-1016, that the information provided in this complaint, including all attachments and documentation filed with the complaint, are true to the best of my knowledge.

I affirm that I will keep strictly confidential this complaint, and all related matters for the 10 days preceding the complaint’s submission, pursuant to Va. Code §24.2-948.7. I acknowledge that, if the State Board of Elections determines that I have knowingly violated this confidentiality requirement, the State Board of Elections may assess a civil penalty not to exceed \$10,000.

X _____

Complainant Signature (only sign in the presence of a notary)

Date

**If filing electronically, scan and upload notarized signature.

Acknowledgment and Notary

Notary Stamp/Seal

Signature of Notary

Notary Registration Number

Date notary commission expires