



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.



★ VIRGINIA ★
STATE BOARD of ELECTIONS

PERSONAL USE
COMPLAINT FORM
Va. Code §24.2-948.7

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.

[Click HERE to Upload .PDF supporting documents.](#)

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