



Statement of Organization  
For  
Candidate Campaign Committee  
2021  
Voter Registration  
Electoral Board

**Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE**

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Elect Sarah Bagley Name of Candidate Campaign Committee				
	PO Box 66 Street Address/PO Box				
	Alexandria VA 22313 City State Zip Code				
	info@sarahforcitycouncil.com Email Address				
	www.sarahforcitycouncil.com Campaign Website				
Candidate Information					
Candidate Information	Ms. Bagley Sarah Rebecca Salutation Last Name First Name Middle Name Suffix				
	1313 E Abingdon Dr. 2 Residence Address Apt #				
	Alexandria VA 22314 City State Zip Code				
	Alexandria 438972822 County or City of Residence Voter Identification #				
	bagley_sarah@hotmail.com 202-903-7749 Email Address Daytime Phone #				
	<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information					
Election Information	City Council Member Office Sought District (if one)				
	Democratic 2021 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election				



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

Statement of Organization  
For  
CITY OF ALEXANDRIA  
Candidate Campaign Committee  
FEB 05 2021  
Voter Registration  
Electoral Board

Treasurer Information					
<b>Treasurer Information</b>	Mr.	JONES	Joseph	Andrew	
	Salutation	Last Name	First Name	Middle Name	
	610 S. St. Asaph St.		Apt #		
	Alexandria		VA	22314	
	City		State	Zip Code	
	Alexandria		002695942		
County or City of Residence		Voter Identification #			
josephandrewjones@gmail.com		703-786-2424			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Burke & Herbert		Name of Other Financial Institution (if applicable)			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
Alexandria	VA				
City	State	City	State		
Committee Activity					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:	2/4/21			
	Date first expenditure made:	2/2/21			
	Date campaign depository designated:	2/4/21			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	N/A			
Date treasurer appointed:	2/1/21				



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

Statement of Organization  
For  
Candidate Campaign Committee

ALEXANDRIA  
FEB 05 2021  
Voter Registration  
Electoral Board

Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p>2/4/21 Date</p>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. 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 also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the Department 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.</p> <p>_____ Candidate's Signature</p> <p>2/4/21 Date</p>
<b>Treasurer's Signature</b>	<p>I accept the appointment of Treasurer of this campaign committee. 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 Department 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.</p> <p>_____ Treasurer's Signature</p> <p>2/3/21 Date</p>