

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form. **Type of Statement** □ NEW M AMENDED This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first time. **Date Changes Took Effect** SBE-issued Committee ID 03/31/2021 CC-21-00124 **Committee Information Elect Sarah Bagley** Name of Candidate Campaign Committee PO Box 66 Street Address/PO Box Suite # Committee Alexandria VA 22313 Information City State Zip Code info@sarahforcitycouncil.com **Email Address** Daytime Phone # http://www.sarahforcitycouncil.com Campaign Website **Candidate Information** Bagley Sarah Rebecca Salutation Last Name First Name Middle Name Suffix 1313 E. Abington Drive 1 Residence Address Apt# Alexandria VA 22314 Candidate Information City State Zip Code Alexandria City 438972822 Voter Identification # County or City of Residence bagley_sarah@hotmail.com (202) 903-7749 Email Address Daytime Phone # By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** Member City Council Election Office Sought District (if one) Information Democratic 2021 November May Special

Political Party

Year of Election

Type of Election



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| | | Treasurer | Information | | | |
|---------------------------------------|---|---|---|--|----------------|--|
| Treasurer Information | Dr. | Jones | Joseph | Andrew | | |
| | Salutation | Last Name | First Name | Middle Name | Suffix | |
| | Residence | lint Asaph Street | | Apt# | | |
| | Alexandr | | | VA | 22314 | |
| | City | · · · · · · · · · · · · · · · · · · · | | State | Zip Code | |
| | Alexandria City | | | 002695942 | záp Codi | |
| | County or City of Residence | | | Voter Identification # | | |
| | Josephandrewjones@gmail.com | | | (703) 786-2424 | | |
| | Email Add | ress | | Daytime Phone # | | |
| | 28 By checking this box, I certify that I am currently registered to vote at the address above. | | | | | |
| | | Campaign | Depository | | direction of | |
| Burke & Herbe | ert | | | | | |
| Name of Primary Financial Institution | | | Name of Other Fi | nancial Institution (if applica | ble) | |
| | Alexandria VA | | | | | |
| Alexandria | | VA | | | | |
| | | VA State | City | State | | |
| Alexandria City | | State | City tee Activity | State | | |
| | Please pro | State | tee Activity | | , write "N/A") | |
| | | State Committ | tee Activity | occurred for this committee, | , write "N/A") | |
| | Date | State Committee vide the following dates. (If a first contribution accepted: | n action has not yet | occurred for this committee, | , write "N/A") | |
| City | Date Date | State Committee vide the following dates. (If a first contribution accepted: first expenditure made: | n action has not yet 02/04/20 02/02/20 | occurred for this committee, | , write "N/A") | |
| | Date Date | State Committee Committee ovide the following dates. (If a first contribution accepted: first expenditure made: campaign depository designates | 02/04/20 02/02/20 02/04/20 02/04/20 | occurred for this committee, 21 21 | , write "N/A") | |
| City | Date Date Date | State Committee vide the following dates. (If a first contribution accepted: first expenditure made: | n action has not yet 02/04/20 02/02/20 ted: 02/04/20 03/05/20 | occurred for this committee, 21 21 21 21 | , write "N/A" | |

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| Filing Method | | | | | |
|--------------------------|---|--|--|--|--|
| | Please indicate the method by which this committee will submit all required campaign finance reports: | | | | |
| Filing Method | If File electronically using SBE's Electronic Filing Application. ☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) | | | | |
| | | | | | |
| | 0 | | | | |
| | 3 31 21 | | | | |
| | Signature Date | | | | |
| | Signatures | | | | |
| Candidate's Signature | 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 Code of Virginia). 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 Code of Virginia. 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 State Board 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. Candidate's Signature Date | | | | |
| | | | | | |
| Treasurer's Signature | 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 Code of Virginia). 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 Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board 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. Treasure s segunture Treasure s beginning to committee. I understand that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. | | | | |