

## \* VIRGINIA \* DEPARTMENT of ELECTIONS

## Statement of Organization Candidate

				CITY OF ALEXAND		
	*Please read in	nstructions before completing	this form.			
	42 Table	Type of Statement	A PRINT TO BE	JAN 0 5 2015		
NEW			AMENDED	VOTER REGISTRATIO		
This committee is registering with the Virginia Department of Elections for the first time.		This committee is filing a	an amended Statem	ent of Organization.		
		Date Changes Took Effect   Issued Committee ID				
		Sale Changes Front Error Issued Con		Committee 1D		
<b>经</b> 证明		Committee Information				
	P 7	1				
	Name of Candidate Campai	gn Committee				
	4600 Duha St #932					
	Street Address/PO Box		Suite#	*		
Committee nformation	alexands	ia	VA	22304		
	City	0	State	Zip Code		
	delpeppe	2@ aol.com		751-0770		
	Email Address	0	Daytime Phone	#		
	Campaign Website					
HER STATE	19061-	Candidate Information	<b>持</b> 医观察			
	70	Redilla	7			
	Salutation Last Name	First Name	Mid	dle Name Suffix		
Candidate Information	4600 Duk	2 St	932			
	Residence Address		Apt#			
	Cleyands	ia	VA	22304		
	City 1.	• • •	State	Zip Codé		
	County or City of Residence 701025493  Voter Identification #					
	delpenner	@asl.com	702	3-751-0770		
	Email Add ess	100111	Daytime Phone	75777		
	By checking this box, I certify that I am currently registered to vote at the address above.					
		Election Information		10		
Election Information	n.t n.	0	١,			
	City Council Office Sofight Demacs at	District (if	one)			
	Daniel 1	• anir	_/	П. П.		
	Political Party	2015 Year of Election		May Special		



## Statement of Organization Candidate

Treasurer Information							
Treasurer Information	MR SCHNURR Salutation Last Name	ROBERT First Name	ى . Middle Name	Suffix			
	4920 JOHN TICEL						
	Residence Address	Ap	t #				
	City CLYALDER	V	+	22304			
	ALEKANDRIA CITY	30 8	8039964	Zip Code			
	County or City of Residence	Vot	er Identification #				
	BOSCHWARE QUE Aresearch, NET 03-567-7655  Email Address  Daytime Phone #						
	By checking this box, I certify that I at	m currently registered to	vote at the address abo	ve.			
Campaign Depository							
UNITED BANK OF VIRGILIA N/A							
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)					
DIEXANDERO VA							
City	State	City	State				
Committee Activity							
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")						
	Date first contribution accepted: 12 31 14						
	Date first expenditure made:						
	Date first expenditure made:    NA   A     Date campaign depository designated:   United Bank						
	Date filing fee paid for party nomination:						
	Date Statement of Qualification filed:						
	Date treasurer appointed:	1/2/15					

(continued on next page)



## Statement of Organization Candidate

Filing Method						
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:    File electronically using ELECT's Electronic Filiag Application.   File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor:)   File paper reports.					
	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 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.  Candidate's Signature  I affirm that, to the department Disclosure Act (Title 24.2, Title 24.2, T					
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 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.  Treasurer's Signature  Date					