



* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

CITY OF ALEXANDRIA
JAN 05 2015
VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

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" style="width: 100%;"> <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	Name of Candidate Campaign Committee <i>Pepper For Council</i>				
	Street Address/PO Box <i>4600 Duke St</i>				
	Suite # <i>#932</i>				
	City <i>Alexandria</i>				
	State <i>VA</i>				
Zip Code <i>22304</i>					
Email Address <i>delpepper@aol.com</i>					
Daytime Phone # <i>703-751-0770</i>					
Campaign Website					
Candidate Information					
Candidate Information	MS Salutation <i>Ms</i>				
	Last Name <i>Pepper</i>				
	First Name <i>Redella</i>				
	Middle Name <i>Lee</i>				
	Suffix				
	Residence Address <i>4600 Duke St</i>				
	Apt # <i>932</i>				
City <i>Alexandria</i>					
State <i>VA</i>					
Zip Code <i>22304</i>					
County or City of Residence <i>Alexandria</i>					
Voter Identification # <i>701025493</i>					
Email Address <i>delpepper@aol.com</i>					
Daytime Phone # <i>703-751-0770</i>					
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	Office Sought <i>City Council</i>				
	District (if one) <i>N/A</i>				
	Political Party <i>Democrat</i>				
Year of Election <i>2015</i>					
Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					



Treasurer Information					
Treasurer Information	MR	JENNIFER	ROBERT	W.	
	Salutation	Last Name	First Name	Middle Name Suffix	
	4920 JOHN TICEE				
	Residence Address		Apt #		
	ALEXANDRIA		VA		22304
	City	State	Zip Code		
ALEXANDRIA CITY		308039964			
County or City of Residence		Voter Identification #			
BOJENNIFER@QSARESEARCH.NET		703-567-7655			
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					
UNITED BANK OF VIRGINIA		N/A			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
ALEXANDRIA 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:	N/A			
	Date campaign depository designated:	United Bank			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	N/A			
Date treasurer appointed:	1/2/15				

(continued on next page)

