



Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">Issued Committee ID</td> </tr> <tr> <td>3/13/2018</td> <td></td> </tr> </table>		Date Changes Took Effect	Issued Committee ID	3/13/2018	
Date Changes Took Effect	Issued Committee ID				
3/13/2018					
Committee Information					
Committee Information	Name of Candidate Campaign Committee <i>Pepper for Council</i>				
	Street Address/PO Box Suite # <i>4600 Duke St #932</i>				
	City State Zip Code <i>Alexandria VA 22304-2524</i>				
	Email Address Daytime Phone # <i>delperpe@aol.com 703-751-0770</i>				
	Campaign Website <i>www.delperpe.com</i>				
Candidate Information					
Candidate Information	Salutation Last Name First Name Middle Name Suffix <i>Ms. Pepper Redella Lee</i>				
	Residence Address Apt # <i>4600 Duke St #932</i>				
	City State Zip Code <i>Alexandria VA 22304-2524</i>				
	County or City of Residence Voter Identification # <i>Alexandria 701025493</i>				
	Email Address Daytime Phone # <i>delperpe@aol.com 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 District (if one) <i>Alexandria City Council</i>				
	Political Party Year of Election Type of Election <i>Democrat 2018</i> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



Treasurer Information				
Treasurer Information	Last Name		First Name	
	616 Trivoli's Passage		Apt #	
	Alexandria		VA	
	City		State	
	Alexandria		918282016	
	County or City of Residence		Voter Identification #	
	debramsroepke@gmail.com		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				
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:	2/16/18		
	Date first expenditure made:	1/8/18		
	Date campaign depository designated:	United Bank 1984		
	Date filing fee paid for party nomination:	3/12/18		
	Date Statement of Qualification filed:	3/22/18		
	Date treasurer appointed:	3/13/2018		



Filing Method	
Filing Method	<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 style="text-align: center;"> <u>Redella S Pepper</u> Signature <u>3/22/18</u> Date </p>
Signatures	
Candidate's Signature	<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 style="text-align: center;"> <u>Redella S Pepper</u> Candidate's Signature <u>March 22, 2018</u> Date </p>
Treasurer's Signature	<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 style="text-align: center;"> <u>Julie M Goydu</u> Treasurer's Signature <u>22 Mar 18</u> Date </p>