



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

CITY OF ALEXANDRIA
JAN 02 2023

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
	Date Changes Took Effect	SBE-issued Committee ID			
	12/27/2023	CC-23-02490			
Committee Information					
Committee Information	Scioscia for School Board				
	Name of Candidate Campaign Committee				
	1713 Dogwood Dr				
	Street Address/PO Box	Suite #			
	Alexandria	VA	22302		
	City	State	Zip Code		
Email Address		Daytime Phone #			
acsforschoolboard@gmail.com					
Campaign Website					
Candidate Information					
Candidate Information	Scioscia	Alexander	Crider		
	Salutation	Last Name	First Name	Middle Name	Suffix
	1713 Dogwood Dr.				
	Residence Address		Apt #		
	Alexandria		VA		22302
	City		State	Zip Code	
	Alexandria City		017036880		
County or City of Residence			Voter Identification #		
alexander.scioscia0@gmail.com			(703) 517-1659		
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.					
Election Information					
Election Information	Member School Board		Election - District B		
	Office Sought		District (if one)		
	Independent	2024	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election		



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Treasurer Information				
Treasurer Information	Davis	Ronald	Jerone	
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
	2605 Farm Road			
	<small>Residence Address</small>		<small>Apt #</small>	
	Alexandria		VA	22302
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
	Alexandria City		434677236	
<small>County or City of Residence</small>		<small>Voter Identification #</small>		
rjdavis1000@gmail.com		(540) 892-8329		
<small>Email Address</small>		<small>Daytime Phone #</small>		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Burke and Herbert				
<small>Name of Primary Financial Institution</small>		<small>Name of Other Financial Institution (if applicable)</small>		
Alexandria		VA		
<small>City</small>	<small>State</small>	<small>City</small>	<small>State</small>	
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:	_____		
	Date first expenditure made:	_____		
	Date campaign depository designated:	_____		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	_____		
	Date treasurer appointed:	12/26/2023		

(continued on next page)



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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 SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Signature</p> </div> <div style="text-align: center;"> <p>1/2/24 _____ Date</p> </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Candidate's Signature</p> </div> <div style="text-align: center;"> <p>1/2/24 _____ Date</p> </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>1/2/24 _____ Date</p> </div> </div>