



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement								
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <b>CC-23-02258</b>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID							
Committee Information								
<b>Committee Information</b>	<b>Sophia4VA</b>							
	Name of Candidate Campaign Committee							
	1606 W. Abingdon Drive		202					
	Street Address/PO Box		Suite #					
	Alexandria		VA	22314				
	City		State	Zip Code				
info@sophia4va.com								
Email Address		Daytime Phone #						
https://sophia4va.com/								
Campaign Website								
Candidate Information								
<b>Candidate Information</b>		<b>Moshasha</b>	<b>Sophia</b>					
	Salutation	Last Name	First Name	Middle Name				
	1606 W. Abingdon Drive		202					
	Residence Address		Apt #					
	Alexandria		VA	22314				
	City		State	Zip Code				
	Alexandria City		413530288					
	County or City of Residence		Voter Identification #					
info@sophia4va.com		(703) 994-2621						
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								
<b>Election Information</b>	Member, Senate Of Virginia		State Senate - 39th District					
	Office Sought		District (if one)					
	Republican	2023	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party	Year of Election	Type of Election					



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
<b>Treasurer Information</b>	<b>Pinter</b>	<b>Kimberly</b>	<b>Jane</b>	
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
	<b>504 Canterbury Lane</b>			<small>Suffix</small>
	<small>Residence Address</small>		<small>Apt #</small>	
	<b>Alexandria</b>		<b>VA</b>	<b>22314</b>
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
	<b>Alexandria City</b>		<b>917230008</b>	
<small>County or City of Residence</small>		<small>Voter Identification #</small>		
<b>kjpinter@verizon.net</b>		<b>(703) 969-8092</b>		
<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				
<b>Chain Bridge Bank</b>				
<small>Name of Primary Financial Institution</small>		<small>Name of Other Financial Institution (if applicable)</small>		
<b>McLean</b>				
<small>City</small>		<small>State</small>		
<b>VA</b>				
<small>City</small>		<small>State</small>		
Committee Activity				
<b>Dates of Activity</b>	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:	<b>06/28/2023</b>		

(continued on next page)



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### Filing Method

Please indicate the method by which this committee will submit all required campaign finance reports:

File electronically using SBE's Electronic Filing Application.

File electronically using an SBE Approved Vendor  
(Please indicate Name of Vendor: \_\_\_\_\_)

File paper reports.

Kimberly J. Pister  
Signature

6/30/23  
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.

Japhia Masu  
Candidate's Signature

6/30/23  
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.

Kimberly J. Pister  
Treasurer's Signature

6/30/23  
Date