



Statement of Organization CANDIDATE COMMITTEE

MAR 25 2021

*Please read instructions before completing this form.

Vote Registration
Electoral Board

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-21-00211	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
	Date Changes Took Effect	SBE-issued Committee ID			
Committee Information					
Committee Information	campbell4council21				
	Name of Candidate Campaign Committee				
	320 N Fayette Street				
	Street Address/PO Box	Suite #			
	Alexandria	VA	22314		
	City	State	Zip Code		
campbell4council21@gmail.com		(703) 399-9521			
Email Address	Daytime Phone #				
http://www.campbell4council21.com					
Campaign Website					
Candidate Information					
Candidate Information	Campbell	William	Earl		
	Salutation	Last Name	First Name	Middle Name	Suffix
	320 N Fayette Street				
	Residence Address		Apt #		
	Alexandria	VA	22314		
	City	State	Zip Code		
	Alexandria City	920092436			
	County or City of Residence		Voter Identification #		
campbell4council21@gmail.com		(703) 399-9521			
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 City Council				
	Office Sought	District (if one)			
	Democratic	2021	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special		
	Political Party	Year of Election	Type of Election		




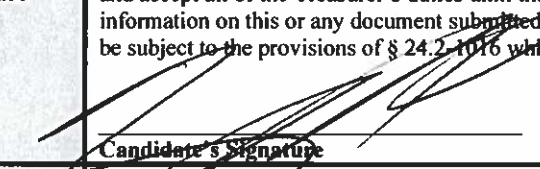

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Treasurer Information					
Treasurer Information		Campbell	Ruby	Yvonne	
	Salutation	Last Name	First Name	Middle Name Suffix	
	320 N Fayette Street				
	Residence Address			Apt #	
	Alexandria			VA	22314
	City			State	Zip Code
	Alexandria City			583070018	
County or City of Residence			Voter Identification #		
campbellyruby21treasurer@gmail.com			(703) 399-9523		
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					
Bank of America					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria			VA		
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:	<u>02/15/2021</u>			
	Date first expenditure made:	<u>02/15/2021</u>			
	Date campaign depository designated:	<u>02/15/2021</u>			
	Date filing fee paid for party nomination:	<u>03/05/2021</u>			
	Date Statement of Qualification filed:	<u>03/20/2021</u>			
	Date treasurer appointed:	<u>02/15/2021</u>			

(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;">  _____ Signature </div> <div style="text-align: center;"> <u>20 MAR 2021</u> Date </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;">  _____ Candidate's Signature </div> <div style="text-align: center;"> <u>20 MAR 2021</u> Date </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;">  _____ Treasurer's Signature </div> <div style="text-align: center;"> <u>20/mar/2021</u> Date </div> </div>