



**Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE**

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%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">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	Campbell4Council21 Name of Candidate Campaign Committee				
	320 N Fayette Street Street Address/PO Box				
	Alexandria City				
	Alexandria City				
	VA State				
	 Zip Code				
	campbell4council21@gmail.com Email Address				
 Daytime Phone #					
 Daytime Phone #					
campbell4council21.com Campaign Website					
Candidate Information					
Candidate Information	CAMPBELL Salutation Last Name				
	WILLIAM First Name				
	EARL Middle Name				
	 Suffix				
	320 N FAYETTE STREET Residence Address				
	 Apt #				
	ALEXANDRIA City				
	VA State				
	22314-2435 Zip Code				
	Alexandria City County or City of Residence				
 Voter Identification #					
campbell4council21@gmail.com Email Address					
 Daytime Phone #					
 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	Alexandria City Council Office Sought				
	 District (if one)				
	Democratic Political Party				
	2021 Year of Election				
 Type of Election					
	<input type="checkbox"/> November <input type="checkbox"/> May <input checked="" type="checkbox"/> Special				



Treasurer Information				
Treasurer Information	CAMPBELL	RUBY	YVONNE	
	Salutation	Last Name	First Name	Middle Name
	320 N FAYETTE STREET			
	Residence Address		Apt #	
	ALEXANDRIA		VA	
	City		State	Zip Code
	ALEXANDRIA CITY		583070018	22314-2435
	County or City of Residence		Voter Identification #	
	ALEXANDRIA		(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	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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	02/19/2021		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	02/19/2021		
	Date treasurer appointed:	02/19/2021		



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>_____ Signature</p> <p>02/19/2021 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>_____ Candidate's Signature</p> <p>02/19/2021 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><i>Ruby Campbell</i> _____ Treasurer's Signature</p> <p>02/19/2021 Date</p>