



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

| 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. | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">19 August 2012</td> <td style="text-align: center;">N/A</td> </tr> </table> | | Date Changes Took Effect | SBE-issued Committee ID | 19 August 2012 | N/A |
| Date Changes Took Effect | SBE-issued Committee ID | | | | |
| 19 August 2012 | N/A | | | | |
| Committee Information | | | | | |
| Committee Information | Ronnie Campbell for School Board | | | | |
| | Name of Candidate Campaign Committee | | | | |
| | P.O. Box 15883 | | | | |
| | Street Address/PO Box | | | | |
| | Suite # | | | | |
| | Virginia 22215 | | | | |
| City | State | Zip Code | | | |
| Ronnie-Campbell@comcast.net | 703.965.3344 | | | | |
| Email Address | Daytime Phone # | | | | |
| RCcares.wordpress.com | | | | | |
| Campaign Website | | | | | |
| Candidate Information | | | | | |
| Candidate Information | Ms. Campbell Ronnie Merle | | | | |
| | Salutation Last Name First Name Middle Name Suffix | | | | |
| | 5763 Exeter Court, Apt 62 | | | | |
| | Residence Address | | | | |
| | Apt # | | | | |
| | Virginia 22311 | | | | |
| | City | State | Zip Code | | |
| | Alexandria City | #706026492 | | | |
| County or City of Residence | Voter Identification # | | | | |
| Ronnie-Campbell@comcast.net | 703.965.3344 | | | | |
| 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 | School Board C | | | | |
| | Office Sought | | | | |
| | District (if one) | | | | |
| | Independent 2012 | | | | |
| Political Party | Year of Election | Type of Election | | | |
| | | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | | |



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|--|---|---|------------------------|-------------------------|--|
| Treasurer Information | Ms. | Robinson | Victoria | Joyce | |
| | Salutation | Last Name | First Name | Middle Name Suffix | |
| | 131 Normandy Hill Drive | | | | |
| | Residence Address | | | Apt # | |
| | Alexandria | | Virginia | 22304 | |
| | City | State | | Zip Code | |
| | Alexandria City | #311031925 | | | |
| County or City of Residence | | | Voter Identification # | | |
| vicjorob@msn.com | | | (703) 314-7972 | | |
| 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 | | | | | |
| TD Bank | | | | | |
| Name of Primary Financial Institution | | Name of Other Financial Institution (if applicable) | | | |
| Alexandria, VA 22304 | | | | | |
| 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: | 1 Jan 2010 | | | |
| | Date first expenditure made: | 1 Jan 2010 | | | |
| | Date campaign depository designated: | 19 August 2012 | | | |
| | Date filing fee paid for party nomination: | N/A | | | |
| | Date Statement of Qualification filed: | 4 June 2012 | | | |
| | Date treasurer appointed: | 19 August 2012 | | | |

(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 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 checked="" 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;"> 23 August 2012 _____ 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;"> 23 August 2012 _____ 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;"> 23 August 2012 _____ Date </div> </div> |