



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUN 11 2012

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
VOTER REGISTRATION ELECTORAL BOARD					
<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> </td> <td> </td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Committee Information					
Committee Information	Campbell For School Board <small>Name of Candidate Campaign Committee</small>				
	320 N. Fayette St. <small>Street Address/PO Box</small>				
	Alexandria VA 22314-2435 <small>City State Zip Code</small>				
	Campbellw1@verizon.net <small>Email Address</small>				
	 <small>Daytime Phone #</small>				
 <small>Campaign Website</small>					
Candidate Information					
Candidate Information	Campbell William E <small>Salutation Last Name First Name Middle Name Suffix</small>				
	320 N. Fayette St. <small>Residence Address</small>				
	Alexandria VA 22314-2435 <small>City State Zip Code</small>				
	Alexandria 920092434 <small>County or City of Residence Voter Identification #</small>				
	Campbellw1@verizon.net (703) 399-9521 <small>Email Address Daytime Phone #</small>				
	<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 A <small>Office Sought District (if one)</small>				
	2012 <small>Year of Election</small>				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special <small>Type of Election</small>				



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Treasurer Information				
Treasurer Information	<div style="font-size: 1.5em; font-family: cursive;">Campbell William E.</div>			
	Salutation	Last Name	First Name	Middle Name Suffix
	<div style="font-size: 1.2em; font-family: cursive;">320 N. Fayette St.</div>			
	Residence Address		Apt #	
	<div style="font-size: 1.2em; font-family: cursive;">Alexandria</div>		<div style="font-size: 1.2em; font-family: cursive;">VA 22314-2435</div>	
	City		State Zip Code	
<div style="font-size: 1.2em; font-family: cursive;">Alexandria</div>				
County or City of Residence		Voter Identification #		
<div style="font-size: 1.2em; font-family: cursive;">CampbellW1@verizon.net</div>		<div style="font-size: 1.2em; font-family: cursive;">(703) 399-9521</div>		
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				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
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:		<div style="font-size: 1.5em; font-family: cursive;">N/A</div>	
	Date first expenditure made:		<div style="font-size: 1.5em; font-family: cursive;">N/A</div>	
	Date campaign depository designated:		<div style="font-size: 1.5em; font-family: cursive;">N/A</div>	
	Date filing fee paid for party nomination:		<div style="font-size: 1.5em; font-family: cursive;">N/A</div>	
	Date Statement of Qualification filed:		<div style="font-size: 1.2em; font-family: cursive;">12 JUN 2012</div>	
Date treasurer appointed:		<div style="font-size: 1.2em; font-family: cursive;">12 JUN 2012</div>		

(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> <p>_____ Signature</p> <p style="text-align: right;">11 JUN 2012 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 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> <p>_____ Candidate's Signature</p> <p style="text-align: right;">11 JUN 2012 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 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> <p>_____ Treasurer's Signature</p> <p style="text-align: right;">11 JUN 2012 Date</p>