



CITY OF ALEXANDRIA

JUL 08 2016

\*Please read instructions before completing this form.

Voter Registration  
Electoral Board

| Type of Statement  |   |                          |                         |  |     |
|--|---|--------------------------|-------------------------|--|-----|
| <input type="checkbox"/> NEW<br><br>This committee is registering with the Virginia State Board of Elections for the first time. | <input checked="" type="checkbox"/> AMENDED<br><br>This committee is filing an amended statement of organization.                           |                          |                         |  |     |
|  | <table border="1"> <tr> <th>Date Changes Took Effect</th> <th>SBE-issued Committee ID</th> </tr> <tr> <td></td> <td>N/A</td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID |  | N/A |
| Date Changes Took Effect   | SBE-issued Committee ID   |                          |                         |  |     |
|  | N/A   |                          |                         |  |     |

| Committee Information |                                      |
|-----------------------|--------------------------------------|
| Committee Information | Ronnie Campbell for School Board     |
|                       | Name of Candidate Campaign Committee |
|                       | P.O. Box 15883                       |
|                       | Street Address/PO Box                |
|                       | Arlington                            |
|                       | City                                 |
|                       | Suite #                              |
|                       | VIRGINIA                             |
|                       | 22215                                |
|                       | State                                |
|                       | Zip Code                             |
|                       | Ronnie-Campbell@comcast.net          |
|                       | 703.965-3344                         |
|                       | Email Address                        |
|                       | Daytime Phone #                      |
|                       | Rcare.s.wordpress.com                |
|                       | Campaign Website                     |

| Candidate Information   |                             |           |                        |             |
|---|-----------------------------|-----------|------------------------|-------------|
| Candidate Information   | Ms. Campbell                | Ronnie    | Merle                  |             |
|   | Salutation                  | Last Name | First Name             | Middle Name |
|   | 5760 Dunster Court          |           | #72                    |             |
|   | Residence Address           |           | Apt #                  |             |
|   | Alexandria                  |           | 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 type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. |                             |           |                        |             |


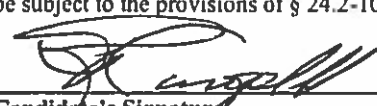
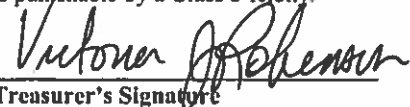
| Election Information |                  |  |
|----------------------|------------------|--|
| Election Information | School Board     | C  |
|                      | Office Sought    | District (if one)  |
|                      | Independent      | 2015   |
| Political Party      | Year of Election | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special |
|                      |                  | Type of Election   |



| Treasurer Information  |   |                        |   |                    |
|--|---|------------------------|---|--------------------|
| Treasurer Information  | Ms. Robinson  | VICTORIA               | Joyce   |                    |
|  | Salutation  | Last Name              | First Name  | Middle Name Suffix |
|  | 131 Normandy Hill DR  |                        |   |                    |
|  | Residence Address   |                        | Apt #   |                    |
|  | Alexandria  |                        | VIRGINIA  | 22304              |
|  | City  |                        | State   | Zip Code           |
|  | Alexandria City   |                        | # 311031925   |                    |
| County or City of Residence  |   | Voter Identification # |   |                    |
| VICTOROB@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  |   |                        |   |                    |
| 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:   | 1 Jan 2010             |   |                    |
|  | Date first expenditure made:  | 1 Jan 2010             |   |                    |
|  | Date campaign depository designated:  | 19 AUG 2012            |   |                    |
|  | Date filing fee paid for party nomination:  | N/A                    |   |                    |
|  | Date statement of qualification filed:  |                        |   |                    |
| Date treasurer appointed:  | 19 AUG 2012   |                        |   |                    |

(continued on next page)



| Filing Method                |   |
|------------------------------|---|
| <b>Filing Method</b>         | <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 (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p style="margin-left: 20px;">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;"> <br/>           _____<br/>           Signature         </div> <div style="text-align: center;">           7-5-16<br/>           _____<br/>           Date         </div> </div>   |
| Signatures                   |   |
| <b>Candidate's Signature</b> | <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;"> <br/>           _____<br/>           Candidate's Signature         </div> <div style="text-align: center;">           7-5-16<br/>           _____<br/>           Date         </div> </div> |
| <b>Treasurer's Signature</b> | <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;"> <br/>           _____<br/>           Treasurer's Signature         </div> <div style="text-align: center;">           5 July 2016<br/>           _____<br/>           Date         </div> </div>  |