



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.			
	Date Changes Took Effect	SBE-issued Committee ID		
	12/18/2015	CC-15-00582		
Committee Information				
Committee Information	Ramee Gentry Campaign Fund			
	Name of Candidate Campaign Committee			
	163 Barrett Place			
	Street Address/PO Box	Suite #		
	Alexandria	VA	22304	
	City	State	Zip Code	
	rameegentry4schoolboard@gmail.com		703.899.2637	
Email Address	Daytime Phone #			
	democracy.com/rameegentry4schoolboard			
	Campaign Website			
Candidate Information				
Candidate Information	Ms.	Gentry	Ramee	Ann
	Salutation	Last Name	First Name	Middle Name
	163 Barrett Place			
	Residence Address			Apt #
	Alexandria	VA	22304	
	City	State	Zip Code	
	ALEXANDRIA CITY			918327086
	County or City of Residence			Voter Identification #
rameegentry4schoolboard@gmail.com			703.899.2637	
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 District C		Election - District C	
	Office Sought		District (if one)	
	Independent	2018	<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	Ms.	Caseman	Beth	Ann	
	Salutation	Last Name	First Name	Middle Name Suffix	
	7 Braeburn Court				
	Residence Address		Apt #		
	Round Hill		VA	23219	
	City		State	Zip Code	
	ALEXANDRIA CITY		493137931		
County or City of Residence			Voter Identification #		
b.caseman@gmail.com			671-694-3330		
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					
Burke & Herbert Bank					
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:	_____			
	Date first expenditure made:	_____			
	Date campaign depository designated:	05/08/2015			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	05/18/2015			
	Date treasurer appointed:	05/16/2015			

(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 style="text-align: center;"> 2/10/17 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> Signature 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 style="text-align: center;"> 2/10/17 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> Candidate's Signature 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 style="text-align: center;"> Feb. 10, 2017 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> Treasurer's Signature Date </p>