



Statement of Organization CANDIDATE COMMITTEE

*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. CC-17-00069 | <input 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> </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 | Friends of Karen A. Graf. Name of Candidate Campaign Committee 2714 Hickory Street Street Address/PO Box Suite # Alexandria VA 22305 City State Zip Code graf4delegate@gmail.com 703-907-9321 Email Address Daytime Phone # www.graf4delegate.com Campaign Website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Information | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Graf</td> <td style="width: 20%; text-align: center;">Karen</td> <td style="width: 20%; text-align: center;">A</td> <td style="width: 10%;"></td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> <tr> <td></td> <td>2714 Hickory Street</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Residence Address</td> <td></td> <td>Apt #</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Alexandria</td> <td>VA</td> <td></td> <td>22305</td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td></td> <td>Zip Code</td> </tr> <tr> <td></td> <td>ALEXANDRIA CITY</td> <td>919811484</td> <td></td> <td></td> </tr> <tr> <td>County or City of Residence</td> <td></td> <td>Voter Identification #</td> <td></td> <td></td> </tr> <tr> <td></td> <td>graf4delegate@gmail.com</td> <td>703-548-3348</td> <td></td> <td></td> </tr> <tr> <td>Email Address</td> <td></td> <td>Daytime Phone #</td> <td></td> <td></td> </tr> <tr> <td colspan="5"> <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. </td> </tr> </table> | | Graf | Karen | A | | Salutation | Last Name | First Name | Middle Name | Suffix | | 2714 Hickory Street | | | | Residence Address | | Apt # | | | | Alexandria | VA | | 22305 | City | | State | | Zip Code | | ALEXANDRIA CITY | 919811484 | | | County or City of Residence | | Voter Identification # | | | | graf4delegate@gmail.com | 703-548-3348 | | | 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. | | | | |
| | Graf | Karen | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salutation | Last Name | First Name | Middle Name | Suffix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2714 Hickory Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence Address | | Apt # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Alexandria | VA | | 22305 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | State | | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ALEXANDRIA CITY | 919811484 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County or City of Residence | | Voter Identification # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | graf4delegate@gmail.com | 703-548-3348 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Member House Of Delegates</td> <td style="width: 50%;">House Of Delegates - 45th District</td> </tr> <tr> <td>Office Sought</td> <td>District (if one)</td> </tr> <tr> <td>Democratic</td> <td>2017</td> </tr> <tr> <td>Political Party</td> <td>Year of Election</td> </tr> <tr> <td></td> <td> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special </td> </tr> <tr> <td></td> <td style="text-align: right;">Type of Election</td> </tr> </table> | Member House Of Delegates | House Of Delegates - 45th District | Office Sought | District (if one) | Democratic | 2017 | Political Party | Year of Election | | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | Type of Election | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member House Of Delegates | House Of Delegates - 45th District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought | District (if one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Democratic | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Political Party | Year of Election | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Type of Election | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|--|---|-------------------|--|--------------------|-----------------|
| Treasurer Information | | Arnold | Darcey | | |
| | Salutation | Last Name | First Name | Middle Name | |
| | 2936 Hickory Street | | | | |
| | Residence Address | | | Apt # | |
| | Alexandria | | | VA | 22305 |
| | City | | | State | Zip Code |
| | ALEXANDRIA CITY | | | 711022368 | |
| County or City of Residence | | | Voter Identification # | | |
| graftreasurer@gmail.com | | | 703-629-6403 | | |
| 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 | | | | | |
| Chain Bridge Bank | | | | | |
| Name of Primary Financial Institution | | | Name of Other Financial Institution (if applicable) | | |
| McLean | | | | | |
| VA | | | | | |
| City | | State | City | | |
| | | | | | |
| 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: | <u>02/06/2017</u> | | | |
| | Date first expenditure made: | _____ | | | |
| | Date campaign depository designated: | _____ | | | |
| | Date filing fee paid for party nomination: | _____ | | | |
| | Date Statement of Qualification filed: | _____ | | | |
| | Date treasurer appointed: | <u>02/06/2017</u> | | | |

(continued on next page)

