



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%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td>1/5/15</td> <td></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	1/5/15	
Date Changes Took Effect	SBE-issued Committee ID				
1/5/15					
Committee Information					
Committee Information	Stephanie Amann Kapsis For School Board <small>Name of Candidate Campaign Committee</small>				
	24 E Windsor Ave <small>Street Address/PO Box</small>				
	Alexandria VA 22301 <small>City State Zip Code</small>				
	Stephanie.A.Kapsis@gmail.com 703-798-8036 <small>Email Address Daytime Phone #</small>				
	Stephanieforschoolboard.com <small>Campaign Website</small>				
Candidate Information					
Candidate Information	Mrs. Kapsis Stephanie Amann <small>Salutation Last Name First Name Middle Name Suffix</small>				
	24 E Windsor Ave <small>Residence Address</small>				
	Alexandria VA 22301 <small>City State Zip Code</small>				
	Alexandria <small>County or City of Residence</small>				
	Stephanie.A.Kapsis@gmail.com 703-798-8036 <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>				
	Dem 2012 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special <small>Political Party Year of Election Type of Election</small>				



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Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name Suffix	
		Mr. Joseph	Bonfiglio		
	Residence Address		Apt #		
	17 E Windsor Ave				
	City	State	Zip Code		
	Alexandria	VA	22301		
	County or City of Residence		Voter Identification #		
	Alexandria				
Email Address		Daytime Phone #			
bonfiglio.j@gmail.com		202-365-9080			
<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)			
PNC					
City	State	City	State		
Alexandria	VA				
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:	8/31/12			
	Date first expenditure made:	8/31/12			
	Date campaign depository designated:	7/9/12			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	6/11/12			
	Date treasurer appointed:	6/29/12			

(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;"> _____ Signature <u>1/13/15</u> 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;"> _____ Candidate's Signature <u>1/13/15</u> 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;"> _____ Treasurer's Signature <u>1/14/2015</u> Date </p>