



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.	<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	Name of Candidate Campaign Committee Stephanie Amann Kapsis For School Board					
	Street Address/PO Box 403 E Nelson Ave.					
	<table style="width: 100%;"> <tr> <td style="width: 60%;">City Alexandria</td> <td style="width: 20%;">State VA</td> <td style="width: 20%;">Zip Code 22301</td> </tr> </table>	City Alexandria	State VA	Zip Code 22301		
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	<table style="width: 100%;"> <tr> <td style="width: 60%;">Email Address Stephanie.A.Kapsis@gmail.com</td> <td style="width: 40%;">Daytime Phone # 703-798-8036</td> </tr> </table>	Email Address Stephanie.A.Kapsis@gmail.com	Daytime Phone # 703-798-8036			
Email Address Stephanie.A.Kapsis@gmail.com	Daytime Phone # 703-798-8036					
Campaign Website						
Candidate Information						
Candidate Information	<table style="width: 100%;"> <tr> <td style="width: 25%;">Salutation Ms.</td> <td style="width: 30%;">Last Name Kapsis</td> <td style="width: 25%;">First Name Stephanie</td> <td style="width: 20%;">Middle Name Amann</td> <td style="width: 10%;">Suffix</td> </tr> </table>	Salutation Ms.	Last Name Kapsis	First Name Stephanie	Middle Name Amann	Suffix
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	Residence Address 403 E Nelson Ave.					
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	County or City of Residence Alexandria					
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<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information						
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Political Party						



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Treasurer Information					
Treasurer Information	<i>MR.</i>	<i>BONFIGLIO</i>	<i>JOSEPH</i>	<i>—</i>	<i>III</i>
	Salutation	Last Name	First Name	Middle Name	Suffix
	<i>17 E. WINDSOR AVE</i>				
	Residence Address			Apt #	
	<i>ALEXANDRIA</i>			<i>VA</i>	<i>22301</i>
	City		State	Zip Code	
	<i>ALEXANDRIA CITY</i>		<i>699265244</i>		
County or City of Residence			Voter Identification #		
<i>bonfiglio.j@gmail.com</i>			<i>202-365-9080</i>		
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)		
<i>PNC Bank</i>					
City			State		
<i>Alexandria</i>			<i>VA</i>		
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:	<i>N/A</i>			
	Date first expenditure made:	<i>N/A</i>			
	Date campaign depository designated:	<i>6/29/12 N/A 7/9/12 - Completing today</i>			
	Date filing fee paid for party nomination:	<i>N/A</i>			
	Date Statement of Qualification filed:	<i>6/11/12</i>			
	Date treasurer appointed:	<i>6/29/12</i>			

(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;"> <u>Steph A. Kapsis</u> Signature <u>6/29/12</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;"> <u>Steph A. Kapsis</u> Candidate's Signature <u>6/29/12</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;"> <u>[Signature]</u> Treasurer's Signature <u>6-29-2012</u> Date </p>