



CITY OF ALEXANDRIA

*Please read instructions before completing this form.

JUN 12 2015

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.
Date Changes Took Effect	SBE-issued Committee ID

Committee Information	
Committee Information	Name of Candidate Campaign Committee <i>Veronica Nolan for School Board</i>
	Street Address/PO Box <i>507 Summers Ct.</i>
	Suite #
	City <i>Alexandria</i>
	State <i>VA</i>
Zip Code <i>22301</i>	
Email Address <i>VeronicaRNolan@gmail.com</i>	Daytime Phone # <i>703-282-7609</i>
Campaign Website	

Candidate Information	
Candidate Information	Salutation <i>Nolan</i>
	Last Name <i>Veronica</i>
	First Name <i>Rose</i>
	Middle Name <i>Suffix</i>
	Residence Address <i>507 Summers Ct.</i>
	Apt #
City <i>Alexandria</i>	State <i>VA</i>
Zip Code <i>22301</i>	
County or City of Residence <i>Alexandria</i>	Voter Identification # <i>703-282-7609</i>
Email Address <i>VeronicaRNolan@gmail.com</i>	Daytime Phone # <i>703-282-7609</i>
<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	Office Sought <i>City of Alexandria School Board</i>
	District (if one) <i>District B</i>
	Political Party <i>Independent</i>
Year of Election <i>2015</i>	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special



Treasurer Information				
Treasurer Information	El-Alaity	Kareem	Mostafa	
	Salutation	Last Name	First Name	Middle Name
	507 Summers Ct.		Apt #	
	Alexandria	VA	22301	
	City	State	Zip Code	
	City of Alexandria		Voter Identification #	
	kareem@hotmail.com		703-671-2720	
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				
Bank of America				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
City of 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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	June 12, 2005		
	Date filing fee paid for party nomination:	N/A		
	Date statement of qualification filed:			
Date treasurer appointed:	June 9, 2015			

(continued on next page)



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 (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p>_____ 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>_____ Candidate's Signature</p> <p>_____ 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>_____ Treasurer's Signature</p> <p>_____ Date</p>