



Stamp: MAR 07 2018

Stamp: Voter Registration Electoral Board

Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee Katherine Ranta for School Board				
	Street Address/PO Box 4506 Taney Ave. 403				
	City Alexandria VA 22304				
	State VA				
	Zip Code 22304				
	Email Address ranta.kate@gmail.com				
Candidate Information					
Candidate Information	Salutation Last Name First Name Middle Name Suffix Ranta Katherine Elizabeth				
	Residence Address 4506 Taney Ave. 403				
	City Alexandria VA 22304				
	State VA				
	Zip Code 22304				
	County or City of Residence Alexandria City				
	Email Address ranta.kate@gmail.com				
<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 School Board				
	District (if one) C				
	Political Party Democrat				
Year of Election: 2018 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		4506 Taney Ave.	Katherine	Elizabeth	
	Residence Address	Apt #			
	City	State	Zip Code		
	County or City of Residence	Voter Identification #			
	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					
Wells Fargo					
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:	3/6/18			
	Date first expenditure made:	n/a			
	Date campaign depository designated:	3/6/18			
	Date filing fee paid for party nomination:	n/a			
	Date Statement of Qualification filed:	n/a			
Date treasurer appointed:	3/6/18				



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;"> </p> <p> Signature Date <u>3/7/18</u> </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 Department 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;"> </p> <p> Candidate's Signature Date <u>3/7/18</u> </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 Department 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;"> </p> <p> Treasurer's Signature Date <u>3/7/18</u> </p>