



JUN 20 2018  
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	Saget for School Board
	Name of Candidate Campaign Committee
	4600 Duke St 921
	Street Address/PO Box Suite #
	Alexandria VA 22304
City State Zip Code	
Saget for School Board@gmail.com	
Email Address	
Daytime Phone #	
Campaign Website	

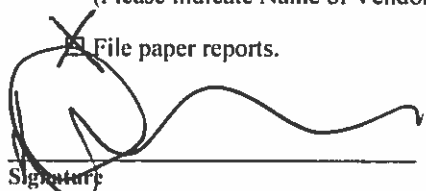
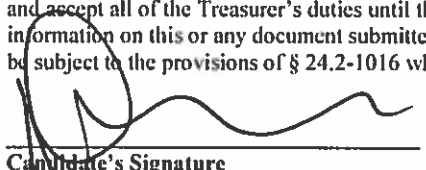

Candidate Information	
Candidate Information	Saget Dianara F.
	Salutation Last Name First Name Middle Name Suffix
	4600 Duke St 921
	Residence Address Apt #
	Alexandria VA 22304
	City State Zip Code
Alexandria City 917176819	
County or City of Residence Voter Identification #	
Dianara Saget@gmail.com 571-354-1570	
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	School Board C
	Office Sought District (if one)
	Independent 2018
Political Party Year of Election	
November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special <input type="checkbox"/>	
Type of Election	



Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		Gomez	Jasmin	Arely	
	Residence Address		Apt #		
	15340 Inlet pl				
	City	State	Zip Code		
	Dumfries	VA	22025		
	County or City of Residence	Voter Identification #			
Prince William County	308086214				
Email Address		Daytime Phone #			
SagetforSchoolboard.com		703-597-8488			
<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)			
Borke & Herbert Bank					
City	State	City	State		
Falls Church	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:	_____			
	Date first expenditure made:	_____			
	Date campaign depository designated:	_____			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	6/12/2018			
	Date treasurer appointed:	6/15/2018			



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 checked="" type="checkbox"/> File paper reports.</p> <p>Signature:  _____</p> <p>Date: <u>6/21/2018</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>Candidate's Signature:  _____</p> <p>Date: <u>6/21/2018</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>Treasurer's Signature:  _____</p> <p>Date: <u>6/21/2018</u></p>