



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUN 04 2018

Voter Registration
Electoral Board

*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. CC-18-00242	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <th style="width: 50%;">Date Changes Took Effect</th> <th style="width: 50%;">SBE-issued Committee ID</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID		
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Committee Information	
Committee Information	Abigail for Alexandria Name of Candidate Campaign Committee 1500 Ruffner Road Street Address/PO Box Suite # Alexandria VA 22302 City State Zip Code abigaildownswacek@gmail.com Email Address Daytime Phone # Campaign Website

Candidate Information																																					
Candidate Information	<table style="width: 100%;"> <tr> <td style="width: 25%;">Mrs</td> <td style="width: 25%;">Wacek</td> <td style="width: 25%;">Abigail</td> <td style="width: 25%;">Tanquary Downs</td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name Suffix</td> </tr> <tr> <td colspan="2">1500 Ruffner Road</td> <td colspan="2">Residence Address Apt #</td> </tr> <tr> <td colspan="2">Alexandria</td> <td colspan="2">VA 22302</td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">ALEXANDRIA CITY</td> <td colspan="2">511536204</td> </tr> <tr> <td colspan="2">County or City of Residence</td> <td colspan="2">Voter Identification #</td> </tr> <tr> <td colspan="2">abigaildownswacek@gmail.com</td> <td colspan="2">3017582798</td> </tr> <tr> <td colspan="2">Email Address</td> <td colspan="2">Daytime Phone #</td> </tr> </table> <p><input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.</p>	Mrs	Wacek	Abigail	Tanquary Downs	Salutation	Last Name	First Name	Middle Name Suffix	1500 Ruffner Road		Residence Address Apt #		Alexandria		VA 22302		City		State	Zip Code	ALEXANDRIA CITY		511536204		County or City of Residence		Voter Identification #		abigaildownswacek@gmail.com		3017582798		Email Address		Daytime Phone #	
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School Board District B	Election - District B												
Office Sought	District (if one)												
Independent	2018												
Political Party	Year of Election												
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Type of Election													



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	Mr	Wacek	Christopher	Heppelmann
	Salutation	Last Name	First Name	Middle Name Suffix
	1500 Ruffner Road			
	Residence Address			Apt #
	Alexandria			VA 22302
	City			State Zip Code
	ALEXANDRIA CITY			294747907
	County or City of Residence			Voter Identification #
cwacek+afora@gmail.com			2035091736	
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:	<u>05/31/2018</u>		
	Date first expenditure made:	_____		
	Date campaign depository designated:	<u>05/31/2018</u>		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	<u>05/25/2018</u>		
	Date treasurer appointed:	<u>05/30/2018</u>		

(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="margin-top: 20px;"> Signature </p> <p style="margin-top: 10px; text-align: right;"> 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="margin-top: 20px;"> Candidate's Signature </p> <p style="margin-top: 10px; text-align: right;"> 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="margin-top: 20px;"> Treasurer's Signature </p> <p style="margin-top: 10px; text-align: right;"> Date </p>



Instructions for Completing This Form

General Guidelines

- ⇒ Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇒ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- ⇒ An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

Type of Statement

- ⇒ Check the box that best fits the type of Statement your committee is submitting.

Campaign Committee's Mailing Address

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

Candidate Information

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
 - This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

Election Information

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
 - If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

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