Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

Commonwealth of Virginia
CITY OF ALEXANDRIA

DEC 07 2023

Voter Registration

*Please read instructions before completing this form. Type of Statement □ NEW **X** AMENDED This committee is filing an amended Statement of Organization. This committee is registering with the Virginia State Board of Elections for the first time. Date Changes Took Effect SBE-issued Committee ID 11/28/2023 CC-21-00297 **Committee Information** Elnoubi for School Board Name of Candidate Campaign Committee 807 309 Yoakum Pkwy Street Address/PO Box Suite # Committee **VA** Alexandria 22304 Information State City Zip Code abdel4alex@gmail.com (347) 217-6297 Email Address Daytime Phone # http://www.abdelforalexandria.com Campaign Website **Candidate Information** Elnoubi Abdel-Rahman Salutation Last Name First Name Middle Name Suffix 807 309 Yoakum Pkwy Residence Address Apt # Alexandria VA 22304 Candidate Information City State Zip Code **Alexandria City** 602444385 County or City of Residence Voter Identification # abdel4alex@gmail.com (703) 249-9739 **Email Address** Daytime Phone # By checking this box, I certify that I am currently registered to vote at the address above. **Election Information Member School Board Election - District C** Election District (if one) Office Sought Information Independent 2024 November May Special **Political Party** Year of Election Type of Election

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

	Treasurer I	nformation	MENSON PA	
Treasurer Information	Mostafa	Ahmad		
	Salutation Last Name	First Name	Middle Name	Suffix
	4949 manitoba dr	404		
	Residence Address	Apt #		
	Alexandria	VA		22312
	City	State		Zip Code
	Alexandria City	099259550		
	County or City of Residence	Voter Identification #		
	abdel4alex@gmail.com	(703) 249-9739		
	Email Address	Daytime Phone #		
	■ By checking this box, I certify that I am currently registered to vote at the address above.			
	Campaign 1	Depository	The second	
TD Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria	VA			
City	State	City	State	
	Committee	e Activity	A Fall of the Control	Y V III
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
Dates of Activity	Date first contribution accepted:	03/21/2021		
	i i i i i i i i i i i i i i i i i i i	03/25/2021		
	Date first expenditure made:	03/23/2021		
	Date campaign depository designated	d:		
	Date filing fee paid for party nomina	tion:		
	Date Statement of Qualification filed		 ,	
		11/28/2023		
	Date treasurer appointed:			

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Revised: January 1, 2012



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Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance reports:			
Filing Method	☑ File electronically using SBE's Electronic Filing Application.			
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)			
	☐ File paper reports.			
	Signature 12/04/2023 Date			
Signatures				
Candidate's Signature	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 Code of Virginia). 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 Code of Virginia. 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. Candidate's Signature Date			
	Candidate's Signature Date			
Treasurer's Signature	Late or non-filed reports. Lake understand that if I provide false information on this or any document submi			
	Treasurer's Signature Date			



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 <u>any</u> 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 <u>Code of Virginia</u>.

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 #.
 - o 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.
 - o 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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