



Commonwealth of Virginia
CITY OF ALEXANDRIA
DEC 27 2023
 Voter Registration
 Electoral Board

Statement of Organization CANDIDATE COMMITTEE

*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-23-02496	<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	Charlotte for Alexandria			
	Name of Candidate Campaign Committee			
	1200 First St.	1232		
	Street Address/PO Box	Suite #		
	Alexandria	VA	22314	
	City	State	Zip Code	
	charlotte@achelois.org	(202) 423-6045		
	Email Address	Daytime Phone #		
	Campaign Website			
Candidate Information				
Candidate Information	Scherer	Charlotte	Achelois	
	Salutation	Last Name	First Name	Middle Name
	1200 First St.		1232	
	Residence Address		Apt #	
	Alexandria		VA	22314
	City		State	Zip Code
	Alexandria City		541741119	
	County or City of Residence		Voter Identification #	
charlotte@achelois.org		(202) 423-6045		
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	Member City Council			
	Office Sought	District (if one)		
	Democratic	2024	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
	Political Party	Year of Election	Type of Election	



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Treasurer Information				
Treasurer Information		Scherer	Charlotte	
	Salutation Last Name	First Name	Middle Name	Suffix
	1200 First St.		1232	
	Residence Address		Apt #	
	Alexandria		VA	22314
	City		State	Zip Code
	Alexandria City		541741119	
	County or City of Residence		Voter Identification #	
charlotte@achelois.org		(202) 423-6045		
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				
PNC Bank				
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:	_____		
	Date first expenditure made:	_____		
	Date campaign depository designated:	_____		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	_____		
	Date treasurer appointed:	<u>12/26/2023</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="text-align: center;"> <u>Charlotte Scherer</u> Signature <u>12 / 27 / 23</u> 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="text-align: center;"> <u>Charlotte Scherer</u> Candidate's Signature <u>12 / 27 / 23</u> 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="text-align: center;"> <u>Charlotte Scherer</u> Treasurer's Signature <u>12 / 27 / 23</u> Date </p>