



Statement of Organization CANDIDATE COMMITTEE

JAN 19 2024

Voter Registration
Electoral Board

*Please read instructions before completing this form.

| Type of Statement | | | | |
|--|---|-------------------------|--|-------------|
| <input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. | <input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. | | | |
| | Date Changes Took Effect | SBE-issued Committee ID | | |
| | 01/16/2024 | CC-24-00015 | | |
| Committee Information | | | | |
| Committee Information | Abdel for City Council | | | |
| | Name of Candidate Campaign Committee | | | |
| | 309 Yoakum Pkwy | | 807 | |
| | Street Address/PO Box | | Suite # | |
| | Alexandria | VA | 22304 | |
| | City | State | Zip Code | |
| Email Address | | Daytime Phone # | | |
| http://www.abdelforalexandria.com | | | | |
| Campaign Website | | | | |
| Candidate Information | | | | |
| Candidate Information | Elnoubi | Abdel-Rahman | | |
| | Salutation | Last Name | First Name | Middle Name |
| | | | | |
| | 309 Yoakum Pkwy | | 807 | |
| | Residence Address | | Apt # | |
| | Alexandria | VA | 22304 | |
| | City | State | Zip Code | |
| Alexandria City | 602444385 | | | |
| County or City of Residence | | Voter Identification # | | |
| abdel4alex@gmail.com | | (703) 249-9739 | | |
| 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 | |



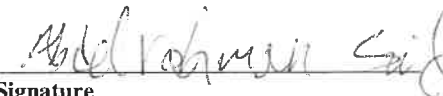


Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | |
|--|---|---|------------------|--------------|
| Treasurer Information | Mostafa | Ahmed | | |
| | Salutation | Last Name | First Name | Middle Name |
| | | 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 # | | | |
| <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | |
| Campaign Depository | | | | |
| TD 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: | <u>01/05/2024</u> | | |
| | Date first expenditure made: | _____ | | |
| | Date campaign depository designated: | _____ | | |
| | Date filing fee paid for party nomination: | _____ | | |
| | Date Statement of Qualification filed: | _____ | | |
| | Date treasurer appointed: | <u>01/05/2024</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;">  1/16/24 </p> <p>Signature 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;">  1/16/2024 </p> <p>Candidate's Signature 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;">  1/16/2024 </p> <p>Treasurer's Signature Date</p> |