



Statement of Organization CANDIDATE COMMITTEE

*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			
	01/08/2024	CC-23-02496			
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	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.			
Campaign Depository				
Burke & Herbert 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:	12/26/2023		

(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;"> Charlotte Scherer 2/13/24 </p> <p style="margin-top: 5px;"> 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="margin-top: 20px;"> Charlotte Scherer 2/13/24 </p> <p style="margin-top: 5px;"> 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="margin-top: 20px;"> Charlotte Scherer 2/13/24 </p> <p style="margin-top: 5px;"> Treasurer's Signature Date </p>