Revised: January 1, 2012





## **Statement of Organization CANDIDATE COMMITTEE**

CITY OF ALEXANDRIA

\*Please read instructions before completing this form.

		Type of Statement	Elector	gistration al Board		
	<b>X</b> NEW	☐ AMENDED				
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect SBE-issued Committee		nittee ID		
CC-24-00135						
Committee Information						
	PETERSON FOR MAYOR					
	Name of Candidate Campaign Committee					
	109 DUKE STREET					
Committee	Street Address/PO Box		Suite #			
Information	ALEXANDRIA		VA	22314		
	City		State	Zip Code		
	KBUCHANAN.INC@GMAIL.COM		(202) 423-4742			
	Email Address		Daytime Phone #			
	Campaign Website	Candidate Information				
		andidate information				
	PETERSON	STEVEN				
	Salutation Last Name	First Name	Middle Name	Suffix		
	109 DUKE STREET					
	Residence Address		Apt#			
Candidate	ALEXANDRIA		VA	22314		
Information	City		State	Zip Code		
	Alexandria City		311012918			
	County or City of Residence		Voter Identification #			
	sbp@petersonrealestate	co.com	(202) 374-1805			
	Email Address		Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.					
		<b>Election Information</b>				
	Mayor					
Election Information	Office Sought	District (if	one)			
	Democratic	2024	November Ma	y DSpecial		
	Political Party	Year of Election	Type of Ele	ction		

Revised: January 1, 2012



## Statement of Organization CANDIDATE COMMITTEE

	Treasure	r Information				
Treasurer Information	BUCHANAN	KATHERINE				
	Salutation Last Name	First Name	Middle Name	Suffix		
	1751 POTOMAC GREENS DR					
	Residence Address	A	pt#			
	Alexandria	V	Ά.	22314		
	City	Si	ate	Zip Code		
	Alexandria City	1	77004181			
	County or City of Residence	Vo	ter Identification #			
	kbuchanan.inc@gmail.com	(2	(202) 423-4742			
	Email Address					
	By checking this box, I certify that I am currently registered to vote at the address above.					
	Campai	gn Depository				
PNC						
Name of Primary	Financial Institution	Name of Other Finance	ial Institution (if applica	ble)		
ALEXANDRIA VA			VA			
City	State	City	State			
	Comm	ittee Activity				
	Please provide the following dates. (If	02/29/2024	urred for this committee	, write "N/A"		
	Date first expenditure made:					
Dates of Activity	Date first expenditure made:  Date campaign depository design	02/29/2024				
Dates of Activity		nated:				
Dates of Activity	Date campaign depository design	nated:				

(continued on next page)

Revised: January 1, 2012



## **Statement of Organization CANDIDATE COMMITTEE**

Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:				
Filing Method	KI File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor  (Please indicate Name of Vendor:)				
	☐ File paper reports.				
¥1	1/29/2024   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 is duties until 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 of 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  3 / 4 / 2020   Date				
Treasurer's Signature	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 Code of Virginia). 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 Code of Virginia 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.  2/L9/24  Treasurer's Signature  Date				
	Treasurer's Signature Date				