



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

APR 12 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.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 2px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 2px;">04/11/2024</td> <td style="text-align: center; padding: 2px;">CC-24-00226</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	04/11/2024	CC-24-00226																		
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04/11/2024	CC-24-00226																						
Committee Information																							
Committee Information	<p>Celianna for Alexandria Name of Candidate Campaign Committee</p> <p>3201 Landover Street 1103 Street Address/PO Box Suite #</p> <p>Alexandria VA 22305 City State Zip Code</p> <p>celianna.gunderson@gmail.com (571) 278-4264 Email Address Daytime Phone #</p> <p>https://celianna4alexandria.com/ Campaign Website</p>																						
Candidate Information																							
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">Gunderson</td> <td style="width: 60%; text-align: center;">Celianna</td> </tr> <tr> <td style="font-size: small;">Salutation Last Name</td> <td style="font-size: small;">First Name Middle Name Suffix</td> </tr> <tr> <td>3201 Landover Street</td> <td style="text-align: right;">1103</td> </tr> <tr> <td style="font-size: small;">Residence Address</td> <td style="font-size: small;">Apt #</td> </tr> <tr> <td>Alexandria</td> <td style="text-align: right;">VA</td> </tr> <tr> <td style="font-size: small;">City</td> <td style="font-size: small;">State Zip Code</td> </tr> <tr> <td>Alexandria City</td> <td style="text-align: right;">918957103</td> </tr> <tr> <td style="font-size: small;">County or City of Residence</td> <td style="font-size: small;">Voter Identification #</td> </tr> <tr> <td>celianna.gunderson@gmail.com</td> <td style="text-align: right;">(571) 278-4264</td> </tr> <tr> <td style="font-size: small;">Email Address</td> <td style="font-size: small;">Daytime Phone #</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.</td> </tr> </table>	Gunderson	Celianna	Salutation Last Name	First Name Middle Name Suffix	3201 Landover Street	1103	Residence Address	Apt #	Alexandria	VA	City	State Zip Code	Alexandria City	918957103	County or City of Residence	Voter Identification #	celianna.gunderson@gmail.com	(571) 278-4264	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.	
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Election Information																							
Election Information	<p>Member City Council</p> <p>Office Sought District (if one)</p> <p>Republican 2024 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election</p>																						



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Pinter	Kimberly	Jane		
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	
	504 Canterbury Lane			<small>Suffix</small>	
	<small>Residence Address</small>		<small>Apt #</small>		
	Alexandria		VA	22314	
	<small>City</small>		<small>State</small>	<small>Zip Code</small>	
	Alexandria City		917230008		
<small>County or City of Residence</small>		<small>Voter Identification #</small>			
kjpinter@verizon.net		(703) 969-8092			
<small>Email Address</small>		<small>Daytime Phone #</small>			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Chain Bridge Bank					
<small>Name of Primary Financial Institution</small>		<small>Name of Other Financial Institution (if applicable)</small>			
McLean					
<small>City</small>		<small>State</small>			
VA					
<small>City</small>		<small>State</small>			
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:	04/02/2024			
	Date Statement of Qualification filed:	04/02/2024			
	Date treasurer appointed:	04/10/2024			

(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;"> _____ 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;"> _____ 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;"> _____ Treasurer's Signature Date </p>



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 **any** 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 Code of Virginia.

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 #.
 - 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.
 - 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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