Virginia State Board of Elections



CITY OF ALEXANDRIA
Commonwealth of Virginia

Voter Registration Electoral Board

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

		Type of Statement				
X NEW		☐ AMENDED				
This committee is registering with the Virginia State Board of Elections for the first time. CC-24-00404		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect	SBE-issued Com	nittee ID		
- TO THE RESERVE OF THE PERSON		Committee Information				
	BYRD FOR ALEXANDRIA	CITY COUNCIL				
	Name of Candidate Campa 3008 Dartmouth Road	ign Committee				
	Street Address/PO Box		Suite #			
Committee Information	Alexandria		VA	22314-482		
inioi mation	City		State	Zip Code		
	rrbyrd@comcast.net		(703) 475-1537			
	Email Address		Daytime Phone #			
	Campaign Website					
		Candidate Information				
	Byrd	Roy	R			
	Salutation Last Name	First Name	Middle Name	Suffix		
	3008 Dartmouth Road					
	Residence Address		Apt#			
Candidate	Alexandria		VA	22314		
Information	City	5	State	Zip Code		
	Alexandria City		920304077			
	County or City of Residence	Voter Identification #				
	rrbyrd@comcast.net	(703) 475-1537				
	Email Address		Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.					
		Election Information		1 50 - 100		
Till and	Member City Council					
Election Information	Office Sought	District (if one)				
	Independent	2024		☐Special		
	Political Party	Year of Election	Type of Elec	tion		



Statement of Organization CANDIDATE COMMITTEE

	Treasure	r Information				
	Burchette	William	Patrick			
	Salutation Last Name	First Name	Middle Name	Suffix		
	109 Prince Street					
Treasurer Information	Residence Address		Apt#			
	Alexandria		VA	22314		
	City		State	Zip Code		
	Alexandria City		917898692			
	County or City of Residence	Voter Identification #				
	Patrick.Burchette@gmail.com	(703) 447-4300				
	Email Address		Daytime Phone #			
	■ By checking this box, I certify that I am currently registered to vote at the address above.					
	Campaig	n Depository				
Burke & Herbe	rt Bank					
Name of Primary Financial Institution		Name of Other I	Name of Other Financial Institution (if applicable)			
Alexandria	VA					
City	State	City	City State			
	Commi	ttee Activity				
Dates of Activity	Please provide the following dates. (If Date first contribution accepted: Date first expenditure made: Date campaign depository design Date filing fee paid for party nom Date Statement of Qualification f Date treasurer appointed:	ated:	024	write "N/A")		

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:				
	KI File electronically using SBE's Electronic Filing Application.				
Filing Method	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	File paper reports. Signature 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, 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.				
	Candidate's Signature Date 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 pumishable by a Class 5 felony. 6/15/24				