



**Statement of Organization  
CANDIDATE COMMITTEE**

SEP 01 2024  
Voter Registration  
Electoral Board

\*Please read instructions before completing this form

| Type of Statement  |   |                         |  |             |  |
|--|---|-------------------------|--|-------------|--|
| <input type="checkbox"/> NEW<br><br>This committee is registering with the Virginia State Board of Elections for the first time. | <input checked="" type="checkbox"/> AMENDED<br><br>This committee is filing an amended Statement of Organization. |                         |  |             |  |
|  | Date Changes Took Effect  | SBE-issued Committee ID |  |             |  |
|  | 09/03/2024  | CC-24-00404             |  |             |  |
| Committee Information  |   |                         |  |             |  |
| Committee Information  | <b>BYRD FOR ALEXANDRIA CITY COUNCIL</b>   |                         |  |             |  |
|  | Name of Candidate Campaign Committee  |                         |  |             |  |
|  | 3008 Dartmouth Road   |                         |  |             |  |
|  | Street Address/PO Box   |                         | Suite #  |             |  |
|  | Alexandria  | VA                      | 22314-482  |             |  |
|  | City  | State                   | Zip Code   |             |  |
| rrbyrd@comcast.net   |   | (703) 475-1537          |  |             |  |
| Email Address  |   | Daytime Phone #         |  |             |  |
| Campaign Website   |   |                         |  |             |  |
| Candidate Information  |   |                         |  |             |  |
| Candidate Information  | Byrd  | Roy                     | R  |             |  |
|  | Salutation  | Last Name               | First Name   | Middle Name |  |
|  | 3008 Dartmouth Road   |                         |  |             |  |
|  | Residence Address   |                         | Apt #  |             |  |
|  | Alexandria  | VA                      | 22314  |             |  |
|  | City  | State                   | Zip Code   |             |  |
|  | Alexandria City   |                         | 920304077  |             |  |
| County or City of Residence  |   | Voter Identification #  |  |             |  |
| rrbyrd@comcast.net   |   | (703) 475-1537          |  |             |  |
| 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   | <b>Member City Council</b>  |                         |  |             |  |
|  | Office Sought   |                         | District (if one)  |             |  |
|  | Independent   | 2024                    | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special |             |  |
|  | Political Party   | Year of Election        | Type of Election   |             |  |



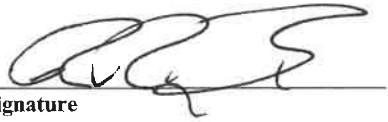
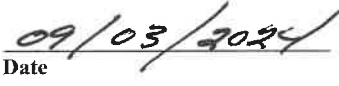

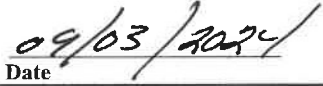
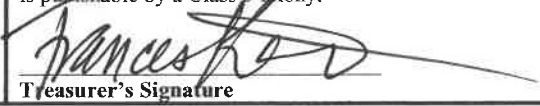
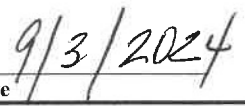
## Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information  |   |                   |   |                  |              |
|--|---|-------------------|---|------------------|--------------|
| <b>Treasurer Information</b>   | <b>Vogel</b>  | <b>Fran</b>       |   |                  |              |
|  | Salutation  | Last Name         | First Name  | Middle Name      | Suffix       |
|  | <b>41 North Early Street</b>  |                   |   |                  |              |
|  | Residence Address   |                   |   | Apt #            |              |
|  | <b>Alexandria</b>   |                   |   | <b>VA</b>        | <b>22304</b> |
|  | City  |                   |   | State            | Zip Code     |
|  | <b>Alexandria City</b>  |                   |   | <b>108015301</b> |              |
| County or City of Residence  |   |                   | Voter Identification #                              |                  |              |
| <b>fran.vogel@verizon.net</b>  |   |                   | <b>(703) 517-0759</b>                               |                  |              |
| 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  |   |                   |   |                  |              |
| <b>Burke &amp; Herbert Bank</b>  |   |                   |   |                  |              |
| Name of Primary Financial Institution  |   |                   | Name of Other Financial Institution (if applicable) |                  |              |
| <b>Alexandria</b>  |   |                   | <b>VA</b>   |                  |              |
| City   |   |                   | State   |                  |              |
| <b>Committee Activity</b>  |   |                   |   |                  |              |
| <b>Dates of Activity</b>   | 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:  | <b>06/13/2024</b> |   |                  |              |
|  | Date treasurer appointed:   | <b>06/06/2024</b> |   |                  |              |

(continued on next page)



## Statement of Organization CANDIDATE COMMITTEE

| Filing Method                |   |
|------------------------------|---|
| <b>Filing Method</b>         | <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 <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b><br/>(Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <br/>             Signature         </div> <div style="text-align: center;"> <br/>             Date         </div> </div>   |
| Signatures                   |   |
| <b>Candidate's Signature</b> | <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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <br/>             Candidate's Signature         </div> <div style="text-align: center;"> <br/>             Date         </div> </div> |
| <b>Treasurer's Signature</b> | <p><b>I accept the appointment of Treasurer of this campaign committee.</b> 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <br/>             Treasurer's Signature         </div> <div style="text-align: center;"> <br/>             Date         </div> </div>   |