

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

| Type of Statement | | | | | | | |
|---|--|--|--|-----------|--|--|--|
| □ NEW This committee is registering with the Virginia State Board of Elections for the first time. | | X AMENDED | | | | | |
| | | This committee is filing an amended Statement of Organization. | | | | | |
| | | Date Changes Took Effect SBE-issued Committee | | nittee ID | | | |
| | | 03/02/2023 | CC-23-005 | 73 | | | |
| Committee Information | | | | | | | |
| Committee Information | Susan for Arlington 2023 | | | | | | |
| | Name of Candidate Campaign Committee | | | | | | |
| | 4217 23rd St N | | | | | | |
| | Street Address/PO Box | | Suite # | | | | |
| | Arlington | | VA | 22207 | | | |
| | City | | State | Zip Code | | | |
| | susanforarlington@gmail | l.com | (202) 250-4083 | | | | |
| | Email Address | | Daytime Phone # | | | | |
| | | | | | | | |
| | Campaign Website | | | | | | |
| | | Candidate Information | | | | | |
| Candidate | Cunningham | Susan | Ruth | | | | |
| | Salutation Last Name | First Name | Middle Name | Suffix | | | |
| | 4217 23rd St N | | | | | | |
| | Residence Address | | Apt # | | | | |
| | Arlington | | VA | 22207 | | | |
| Information | City | | State | Zip Code | | | |
| | Arlington County | | 919669139 | | | | |
| | County or City of Residence | | Voter Identification # | | | | |
| | cunninghameliot@gmail. | com | (202) 250-4083 | | | | |
| | Email Address | | Daytime Phone # | | | | |
| | By checking this box, I certify that I am currently registered to vote at the address above. | | | | | | |
| Election Information | | | | | | | |
| Election Information | Member County Board | | | | | | |
| | Office Sought | District (if one) | | | | | |
| | Democratic | 2023 | X _{November} D _{May} | - | | | |
| | Political Party | Year of Election | Type of Elect | tion | | | |



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|--|---|------------------------------------|------------------------|--|--|
| Treasurer | Eliot | Philip | | | |
| | Salutation Last Name | First Name M | iddle Name Suffix | | |
| | 4217 23rd St N | | | | |
| | Residence Address | Apt # | | | |
| | Arlington | VA | 22207 | | |
| Information | City | State | Zip Code | | |
| | Arlington County | 918400337 | | | |
| | County or City of Residence | Voter Identific | Voter Identification # | | |
| | philip.eliot@gmail.com | (202) 320-0835 | | | |
| | Email Address | Daytime Phon | e # | | |
| | By checking this box, I certify that I am currently registered to vote at the address above. | | | | |
| | Campaign | Depository | | | |
| Arlington Community Federal Credit Union | | | | | |
| Name of Primary Financial Institution | | Name of Other Financial Institutio | n (if applicable) | | |
| Arlington | VA | | | | |
| City | State | City | State | | |
| Committee Activity | | | | | |
| | Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | | | | |
| | Date first contribution accepted: | 02/25/2023 | | | |
| | Date first expenditure made: | 03/01/2023 | | | |
| Dates of Astivity | - | . 03/02/2023 | | | |
| Dates of Activity | Date campaign depository designate | ed: | | | |
| | Date filing fee paid for party nomina | ation: | | | |
| | Date Statement of Qualification file | d: | | | |
| | Date treasurer appointed: | 03/02/2023 | | | |

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Statement of Organization CANDIDATE COMMITTEE

| Filing Method | | | | | |
|--------------------------|--|------|--|--|--|
| | Please indicate the method by which this committee will submit all required campaign finance reports: | | | | |
| | X 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. | | | | |
| | <u>.</u> | | | | |
| | Signature | Date | | | |
| Signatures | | | | | |
| Candidate's Signature | Il of the information on this form is complete and truthful. I a the provisions of the Campaign Finance Disclosure Act (Title 24.2, understand that my Treasurer and I must truthfully report, in a timely h this campaign committee receives or expends. Civil penalties shall manner required by the <i>Code of Virginia</i> . I further understand that if the treasurer's position is vacant, that I, as the candidate, will assume the position is filled. I also understand that if I provide false ted to the State Board of Elections or local electoral boards that I may which is punishable by a Class 5 felony. | | | | |
| | Candidate's Signature | 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 <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. | | | | |
| | Treasurer's Signature | Date | | | |



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.
- \Rightarrow All requested information on the form is <u>required</u> unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> 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 <u>Code of Virginia</u>.

Type of Statement

 \Rightarrow 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).
- \Rightarrow 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.)
- \Rightarrow Enter the Campaign Committee's email address
- \Rightarrow Enter the campaign's primary daytime phone number.
- \Rightarrow Enter the Campaign Website (if none, enter N/A)

Candidate Information

- \Rightarrow Enter the full name of the candidate.
- \Rightarrow 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.
- \Rightarrow Enter the email address of the Candidate (if one).
- \Rightarrow Enter the Candidate's daytime phone number.

Election Information

- \Rightarrow 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").
- \Rightarrow 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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Instructions for Completing This Form

Treasurer Information

*The Treasurer must be a registered voter in Virginia.

- \Rightarrow Enter the name of the Treasurer for the campaign committee.
- \Rightarrow Enter the residence address for the Treasurer.
- \Rightarrow Enter the candidate's Voter Identification #.
 - This can be found on the treasurer's voter card or by calling SBE.
- \Rightarrow Enter the email address of the Treasurer.
- \Rightarrow Enter the Treasurer's daytime phone number.

Campaign Depository

Enter the names and addresses of the committee's financial institutions.
*The committee's depository must be in a financial institution within the Commonwealth.

Filing Method

- ⇒ Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.
 - Electronic Filing Option
 - If you choose to file electronically, log into the following Web site address:

• Approved Vendor Option

If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.virginia.gov/

Signatures

- \Rightarrow The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- \Rightarrow The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.