



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> AMENDED				
<p>This committee is registering with the Virginia State Board of Elections for the first time.</p> <p>This committee is filing an amended Statement of Organization.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 2px;">08/17/2025</td> <td style="text-align: center; padding: 2px;">CC-25-00697</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	08/17/2025	CC-25-00697
Date Changes Took Effect	SBE-issued Committee ID				
08/17/2025	CC-25-00697				
Committee Information					
Committee Information	Mendez for School Board				
	Name of Candidate Campaign Committee				
	367 Riverside DR				
	Street Address/PO Box	Suite #			
	Luray	VA	22835		
	City	State	Zip Code		
	westfaxjp@gmail.com	(703) 861-4110			
Candidate Information	Email Address	Daytime Phone #			
	https://mendezforschoolboard.com/				
	Campaign Website				
Candidate Information					
Candidate Information	Mendez	Ana	Maria		
	Salutation	Last Name	First Name	Middle Name	Suffix
	505 5th St				
	Residence Address			Apt #	
	Shenandoah			VA	22849-140
	City	State		Zip Code	
	Page County			631868402	
County or City of Residence			Voter Identification #		
ammendez55@yahoo.com			(407) 883-3638		
Election Information	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	Member School Board	Election - District 5			
	Office Sought	District (if one)			
	Democratic	2025	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	
	Political Party	Year of Election	Type of Election		



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information																																																																																																																																								
Treasurer Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Petralia</td> <td style="width: 30%; text-align: center;">Joseph</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> <tr> <td colspan="5">367 Riverside DR</td> </tr> <tr> <td colspan="2">Residence Address</td> <td colspan="3">Apt #</td> </tr> <tr> <td colspan="2">Luray</td> <td colspan="3">VA</td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td colspan="2">Zip Code</td> </tr> <tr> <td colspan="2">Page County</td> <td colspan="3">303047854</td> </tr> <tr> <td colspan="3">County or City of Residence</td> <td colspan="3">Voter Identification #</td> </tr> <tr> <td colspan="3">westfaxjp@gmail.com</td> <td colspan="3">(703) 861-4110</td> </tr> <tr> <td colspan="3">Email Address</td> <td colspan="3">Daytime Phone #</td> </tr> <tr> <td colspan="6"> <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. </td> </tr> <tr> <th colspan="6" style="text-align: center; background-color: #cccccc;">Campaign Depository</th> </tr> <tr> <td colspan="2">Truist</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Name of Primary Financial Institution</td> <td colspan="4">Name of Other Financial Institution (if applicable)</td> </tr> <tr> <td colspan="2">Luray</td> <td colspan="4">VA</td> </tr> <tr> <td>City</td> <td>State</td> <td>City</td> <td colspan="3">State</td> </tr> <tr> <th colspan="6" style="text-align: center; background-color: #cccccc;">Committee Activity</th> </tr> <tr> <td rowspan="7" style="width: 15%; vertical-align: top; text-align: center;">Dates of Activity</td> <td colspan="5"> Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") </td> </tr> <tr> <td colspan="5">Date first contribution accepted: _____</td> </tr> <tr> <td colspan="5">Date first expenditure made: _____</td> </tr> <tr> <td colspan="5">Date campaign depository designated: _____</td> </tr> <tr> <td colspan="5">Date filing fee paid for party nomination: _____</td> </tr> <tr> <td colspan="5">Date Statement of Qualification filed: _____</td> </tr> <tr> <td colspan="5">Date treasurer appointed: _____</td> </tr> </table>					Petralia	Joseph				Salutation	Last Name	First Name	Middle Name	Suffix	367 Riverside DR					Residence Address		Apt #			Luray		VA			City		State	Zip Code		Page County		303047854			County or City of Residence			Voter Identification #			westfaxjp@gmail.com			(703) 861-4110			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						Truist						Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				Luray		VA				City	State	City	State			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: _____					Date Statement of Qualification filed: _____					Date treasurer appointed: _____				
	Petralia	Joseph																																																																																																																																						
	Salutation	Last Name	First Name	Middle Name	Suffix																																																																																																																																			
	367 Riverside DR																																																																																																																																							
	Residence Address		Apt #																																																																																																																																					
	Luray		VA																																																																																																																																					
	City		State	Zip Code																																																																																																																																				
Page County		303047854																																																																																																																																						
County or City of Residence			Voter Identification #																																																																																																																																					
westfaxjp@gmail.com			(703) 861-4110																																																																																																																																					
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																																																																																																																																								
Truist																																																																																																																																								
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)																																																																																																																																						
Luray		VA																																																																																																																																						
City	State	City	State																																																																																																																																					
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: _____																																																																																																																																							
	Date Statement of Qualification filed: _____																																																																																																																																							
	Date treasurer appointed: _____																																																																																																																																							

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

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>
Signature	Date
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>
Candidate's Signature	Date
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>
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.
- ⇒ 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.

(continued on next page)



Instructions for Completing This Form

Treasurer Information

*The Treasurer must be a registered voter in Virginia.

- ⇒ Enter the name of the Treasurer for the campaign committee.
- ⇒ Enter the residence address for the Treasurer.
- ⇒ Enter the candidate's Voter Identification #.
 - This can be found on the treasurer's voter card or by calling SBE.
- ⇒ Enter the email address of the Treasurer.
- ⇒ 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 all of their campaign finance disclosure reports electronically.

- **Electronic Filing Option**
 - If you choose to file electronically, log into the following Web site address: <https://cf.elections.virginia.gov>
- **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

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