Virginia State Board of Elections



Statement of Organization CANDIDATE

CITY OF ALEXANDRIA

FEB 17 2012

New Candidate

☐ Amended STATER REGISTRATION ELECTORAL BOARD

*Please read instructions before completing this form.

Campaign Committee's Mailing Address				
	Friends of John Taylor Chapman Name of Candidate Campaign Committee			
Campaign Committee's Mailing Address	Name of Candidate Campaign Commi	ittee		
	City Council	Domocrat		
	1 Office Sought District	(if one) Political Party	y Date of Election	
	112 West Taylor Run Street Address/PO Box	tarkway		
		1//\ Suite #		
	Alexandria	VA 22314		
	Chy	State Zap		
	Email Address	Daytime Phone	#	
Candidate's Information				
	Mc Class	OMORAL TOTAL		
		OMOM JOHN First Name		
Candidate	112 West Taylor Run Residence Address	Parkwav		
Information		Suite #		
	Alexandría	VA 22314 State Zip		
	City Landon Change and a	State Zip	County or City	
	staylor chapman au	Daytime Phone	#	
	Treasurer	Information		
	GERONW-DAMAG	601		
	GERDON-DONES OF Mr. Ms. Last Name	First Name	· · · · · · · · · · · · · · · · · · ·	
Treasurer's				
Name and Address	1314 Bayliss Residence Address	Sulte #		
	Hexandria City Gail Kgorden egr Email Address	V/T 22362	County or City	
	anil Ksordon cs	noil cum 20:	2 294 (21/	
	Email Address	Daytime Phone	#	
Campaign Depository				
Virginia Commerce Bank				
Virginia Commerce Bank 2401 Mt. Vanon Ave. Alexandria, VA 230				
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)		



Statement of Organization CANDIDATE

	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 acceptable for the Tagons or is 24.22-1010 which is punishable by a Class 5 felony. Captilidate's Stanture Date
	Campante 5 Deciment
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 Foard 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
	///// Filing Method
Electronic Filing Agreement	Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. I intend to electronically file using Virginia's VAFiling Program. I intend to use an SBE Approved Vendor (Please Inter Name of Vendor) 2 //6//2
	Signature Date
	Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.
	Signature Date
	Signature Date