



\* VIRGINIA \*  
DEPARTMENT of ELECTIONS

**CITY OF ALEXANDRIA**  
Statement of Organization  
Candidate  
**JAN 20 2015**  
**VOTER REGISTRATION  
ELECTORAL BOARD**

\*Please read instructions before completing this form.

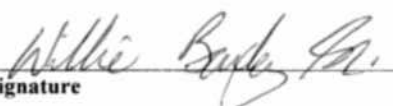

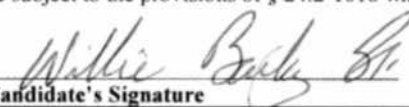

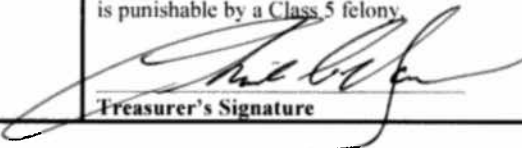

Type of Statement				
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization.			
	Date Changes Took Effect	Issued Committee ID		
Committee Information				
<b>Committee Information</b>	Willie Bailey for City Council			
	Name of Candidate Campaign Committee			
	224 Burgess Avenue			
	Street Address/PO Box		Suite #	
	Alexandria	Virginia	22305	
City	State	Zip Code		
w.baileyforcouncil@gmail.com		703-909-0523		
Email Address	Daytime Phone #			
None N/A				
Campaign Website				
Candidate Information				
<b>Candidate Information</b>	Bailey	Willie	Fitzgerald Sr.	
	Salutation	Last Name	First Name	
	224 Burgess Avenue			
	Residence Address		Apt #	
	Alexandria	Virginia	22305	
	City	State	Zip Code	
Alexandria City		918940542		
County or City of Residence		Voter Identification #		
w.baileyforcouncil@gmail.com		703-909-0523		
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				
<b>Election Information</b>	City Council			
	Office Sought		District (if one)	
	Dem	2015	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
Political Party	Year of Election	Type of Election		



Treasurer Information				
<b>Treasurer Information</b>	Ms.	Barbour	Chinaka	Ann
	Salutation	Last Name	First Name	Middle Name Suffix
	2413 Rainswood Lane			
	Residence Address		Apt #	
	Woodbridge		VA	22191
	City		State	Zip Code
	Prince William		920202741	
	County or City of Residence		Voter Identification #	
Chinaka.barbour@gmail.com		919-225-7756		
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				
Burke & Herbert Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria	Virginia			
City	State	City	State	
Committee Activity				
<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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	1/14/15		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	1/14/15		
	Date treasurer appointed:	1/15/15		

(continued on next page)



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;">             Signature         </p> <p style="text-align: center;">             Date         </p>
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 Department 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> <p style="text-align: center;">             Candidate's Signature         </p> <p style="text-align: center;">             Date         </p>
<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 Department 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> <p style="text-align: center;">             Treasurer's Signature         </p> <p style="text-align: center;">             Date         </p>