



CITY OF ALEXANDRIA

MAR 05 2021

Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE


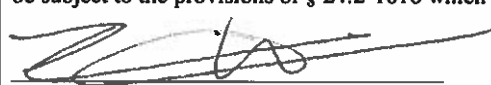
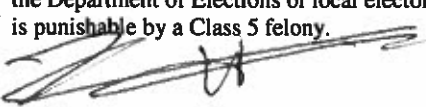
Online Registration
Electoral Board

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee Friends of Kevin Harris				
	Street Address/PO Box 404 Cook St				
	Suite # 				
	City Alexandria, VA				
	State VA				
Zip Code 22314					
Email Address Campaign@VoteForKevinHarris.com	Daytime Phone # 410 370 0565				
Campaign Website VoteForKevinHarris.com					
Candidate Information					
Candidate Information	Salutation Harris				
	Last Name Kevin				
	First Name James				
	Middle Name 				
	Suffix 				
	Residence Address 404 Cook Street				
City Alexandria	Apt # 				
State VA	Zip Code 22314				
County or City of Residence Alexandria	Voter Identification # 				
Email Address KEVINHARRIS@MYHOOPLIFE.COM	Daytime Phone # 571-241-1486				
<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	Office Sought Alexandria City Council				
	District (if one) Alexandria City				
	Political Party Democrat				
Year of Election 2021	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



Treasurer Information	
Treasurer Information	<p>HARRIS KEVIN James</p> <p>Salutation Last Name First Name Middle Name Suffix</p>
	<p>404 Cook Street</p> <p>Residence Address Apt #</p>
	<p>Alexandria VA 22314</p> <p>City State Zip Code</p>
	<p>Alexandria</p> <p>County or City of Residence Voter Identification #</p>
	<p>KEVINHARRIS@MYHOPLIFE.COM 571-241-1486</p> <p>Email Address Daytime Phone #</p>
	<p><input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.</p>
Campaign Depository	
<p>Burke & Herbert</p> <p>Name of Primary Financial Institution Name of Other Financial Institution (if applicable)</p>	
<p>Alexandria VA</p> <p>City State City State</p>	
Committee Activity	
Dates of Activity	<p>Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")</p>
	<p>Date first contribution accepted: 3/5/21</p>
	<p>Date first expenditure made: 3/1/21</p>
	<p>Date campaign depository designated: 3/2/21</p>
	<p>Date filing fee paid for party nomination: 3/5/21</p>
	<p>Date Statement of Qualification filed: 3/2/21</p>
	<p>Date treasurer appointed: 3/2/21</p>



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 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> _____ Signature</p> <p style="text-align: right;">3-5-21 _____ Date</p>
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 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> _____ Candidate's Signature</p> <p style="text-align: right;">3-5-21 _____ Date</p>
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 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> _____ Treasurer's Signature</p> <p style="text-align: right;">3-5-25 _____ Date</p>