Virginia State Board of Elections

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA
Commonwealth of Virginia
JAN 19 2018

Voter Registration Electoral Board

*Please read instructions before completing this form.

		Type of Statement					
□ NEW		☑ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect SBE-issued Commit		ittee ID			
		01/19/2018	CC-18-00023				
Committee Information							
	Friends of Amy Jackson						
Committee Information	Name of Candidate Campaign Committee						
	4012 Ellicott Street						
	Street Address/PO Box		Suite #				
	Alexandria		VA	22304			
	City		State	Zip Code			
	amy4alexandria@gmail.com						
	Email Address	1	Daytime Phone #				
	https://amyjacksonva.com	n					
Campaign Website							
		Candidate Information					
	Jackson	Amy	В.				
	Salutation Last Name	First Name	Middle Name	Suffix			
	4012 Ellicott Street						
	Residence Address		Apt#				
Candidate	Alexandria	•	VA	22304			
Information	City	S	State	Zip Code			
	ALEXANDRIA CITY	•	710024794				
	County or City of Residence	f Residence Voter Identification #					
	amy4alexandria@gmail.com 703-597-9439						
	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 City Council	Alexandria City					
	Office Sought	District (if one)					
	Democratic	2018		Special			
	Political Party	Year of Election	Type of Elect	tion			

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Statement of Organization CANDIDATE COMMITTEE

	Treasurer Information						
	Maxwell	Carol	Α.				
	Salutation Last Name	First Name	Middle Name	Suffix			
	2110 Marlboro Drive						
	Residence Address		Apt#				
Treasurer	Alexandria		VA	22304			
Information	City		State	Zip Code			
	ALEXANDRIA CITY	704023654					
	County or City of Residence	Voter Identification #					
	camaxwell22@yahoo.com	703-931-2314					
	Email Address	Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.						
	Campaign Depository						
BB&T							
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)					
Alexandria	xandria VA						
City	State City State						
	Committee	e Activity					
Dates of Activity	Please provide the following dates. (If an an Date first contribution accepted: Date first expenditure made: Date campaign depository designate: Date filing fee paid for party nominal Date Statement of Qualification filed Date treasurer appointed:	11/14/ 11/17/ d: 11/14/ tion:	2017 2017 2017 2017	e, write "N/A")			

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

	Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:					
	KI 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.					
	Signature Sachson Signature Sand 19, 2018					
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 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. Candidate's Signature Date Date					
Treasurer's Signature	l 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 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. Lawel Q, Waxway Treasurer's Signature					