



CITY OF ALEXANDRIA

Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE

MAR 11 2021

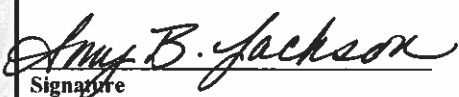
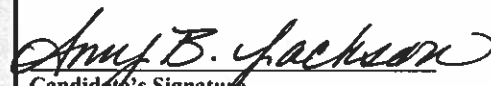

Voter Registration  
Electoral Board

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" 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 <i>Friends of Amy Jackson</i>				
	Street Address/PO Box <i>4012 Elliott St.</i>				
	City <i>Alexandria</i>				
	State <i>VA</i>				
	Zip Code <i>22304</i>				
	Email Address <i>amy4alexandria@gmail.com</i>				
Daytime Phone # <i>703-597-9439</i>					
Campaign Website <i>www.AmyJACKSONVA.com</i>					
Candidate Information					
Candidate Information	Salutation <i>Mrs.</i>				
	Last Name <i>Jackson</i>				
	First Name <i>Amy</i>				
	Middle Name <i>B.</i>				
	Suffix				
	Residence Address <i>4012 Elliott St.</i>				
City <i>Alexandria</i>					
State <i>VA</i>					
Zip Code <i>22304</i>					
County or City of Residence <i>Alexandria</i>					
Voter Identification # <i>710024794</i>					
Email Address <i>amy4alexandria@gmail.com</i>					
Daytime Phone # <i>703-597-9439</i>					
<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 <i>City Council Member</i>				
	District (if one)				
	Political Party <i>Democrat</i>				
	Year of Election <i>2021</i>				
Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					



Treasurer Information	
Treasurer Information	Henry Nishita Dashi
	Salutation Last Name First Name Middle Name Suffix
	4007 W Breadlock Rd
	Residence Address Apt #
	Alexandria VA 22304
	City State Zip Code
Alexandria City 917293461	
County or City of Residence Voter Identification #	
nishitahenry@gmail.com 7036236823	
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	
BB&T	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
Alexandria, 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: 11/14/17
	Date first expenditure made: _____
	Date campaign depository designated: 11/14/17
	Date filing fee paid for party nomination: _____
	Date Statement of Qualification filed: 11/14/17
Date treasurer appointed: 3/9/2021	



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 <b>ELECT's Electronic Filing Application.</b></p> <p><input type="checkbox"/> File electronically using an <b>ELECT Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;"> <u>3/9/2021</u>            Date         </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Candidate's Signature         </div> <div style="text-align: center;"> <u>3/9/2021</u>            Date         </div> </div>
<b>Treasurer's Signature</b>	<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Treasurer's Signature         </div> <div style="text-align: center;"> <u>3/9/2021</u>            Date         </div> </div>