



CITY OF ALEXANDRIA

JAN 08 2021

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Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement					
<p>Electoral Board</p> <p>This committee is registering with the Virginia Department of Elections for the first time.</p>	<p><input type="checkbox"/> AMENDED</p> <p>This committee is filing an amended Statement of Organization.</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Date Changes Took Effect</th> <th style="width: 50%;">Issued Committee ID</th> </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	Kirk for Alexandria Name of Candidate Campaign Committee				
	PO Box 16109 Street Address/PO Box				
	Alexandria City				
	Virginia State				
	22302 Zip Code				
	info@kirkmcpike.com Email Address				
	kirkmcpike.com Campaign Website				
(571) 384-8639 Daytime Phone #					
Candidate Information					
Candidate Information	Mr. McPike Richard Kirk Salutation Last Name First Name Middle Name Suffix				
	1325 N. Ivanhoe St Residence Address				
	Alexandria City				
	Virginia State				
	22304 Zip Code				
	City of Alexandria County or City of Residence				
	031148962 Voter Identification #				
	info@kirkmcpike.com Email Address				
214-578-8006 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					
Election Information	City Council Office Sought				
	N/A District (if one)				
	Democratic Party Political Party				
	2021 Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



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Treasurer Information					
Treasurer Information	Mr.	Batey	Kenneth	Carter Jr.	
	Salutation	Last Name	First Name	Middle Name Suffix	
	931 N Paxton St		Apt #		
	Alexandria		Virginia	22304	
	City		State	Zip Code	
	City of Alexandria		146790255		
	County or City of Residence		Voter Identification #		
carter@kirkmcpike.com		202-351-9300			
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					
Bank of America		N/A			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
Bailey's Crossroads Virginia					
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:	N/A			
	Date first expenditure made:	12/29/2020			
	Date campaign depository designated:	N/A			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	N/A			
	Date treasurer appointed:	N/A			



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
For
~~Candidate Campaign Committee~~
CITY OF ALEXANDRIA

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Filing Method	
Filing Method	<div style="text-align: right; color: blue; font-weight: bold; margin-bottom: 10px;"> Voter Registration Electoral Board </div> Please indicate the method by which this committee will submit all required campaign finance reports: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> File electronically using ELECT's Electronic Filing Application. <input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____) <input type="checkbox"/> File paper reports. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Signature </div> <div style="text-align: center;"> 1/8/21 _____ Date </div> </div>
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 <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. <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;"> 1/8/21 _____ Date </div> </div>
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 <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. <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;"> 1/8/2021 _____ Date </div> </div>