



CITY OF ALEXANDRIA

FEB 04 2021

Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Water 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	Friends of James C. Lewis Jr. Name of Candidate Campaign Committee				
	PO Box 16924 Street Address/PO Box				
	Alexandria City				
	Suite # VA State				
	22302 Zip Code				
	jameslewisforalexcouncil@gmail.com Email Address				
724.288.3995 Daytime Phone #					
jameslewisva.com Campaign Website					
Candidate Information					
Candidate Information	Mr. Lewis James Calvin Jr. Salutation Last Name First Name Middle Name Suffix				
	17 Canterbury Square Residence Address				
	Apt # 101				
	Alexandria City				
	VA State				
	22304 Zip Code				
	Alexandria County or City of Residence				
372611274 Voter Identification #					
jameslewisforalexcouncil@gmail.com Email Address					
724.288.3995 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	Alexandria City Council Office Sought				
	District (if one)				
	Democratic Political Party				
2021 Year of Election					
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information					
Treasurer Information	Mr.	Jameson	Morgan	Wright	
	Salutation	Last Name	First Name	Middle Name	
	PO Box 2813		Residence Address		
	Merrifield		VA	22116	Apt #
	City	Fairfax		420311461	State
	County or City of Residence		Voter Identification #		
	morgan.w.jameson@gmail.com		703-304-5847		
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					
PNC Bank					
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:	N/A			
	Date first expenditure made:	N/A			
	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:	2-3-21			



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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Signature _____</p> </div> <div style="text-align: center;"> <p>02/03/2021</p> <p>Date _____</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Candidate's Signature _____</p> </div> <div style="text-align: center;"> <p>2-3-21</p> <p>Date _____</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Treasurer's Signature _____</p> </div> <div style="text-align: center;"> <p>02/03/2021</p> <p>Date _____</p> </div> </div>