



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

FEB 05 2024

Voter Registration
Electoral Board

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-24-00086	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID		
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Committee Information				
Committee Information	Jacinta Greene for Alexandria City Council			
	Name of Candidate Campaign Committee			
	<table style="width: 100%;"> <tr> <td style="width: 60%;">100 Luna Park Drive</td> <td style="width: 40%; text-align: right;">#365</td> </tr> </table>	100 Luna Park Drive	#365	
	100 Luna Park Drive	#365		
	Street Address/PO Box			
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Alexandria</td> <td style="width: 20%; text-align: center;">VA</td> <td style="width: 20%; text-align: right;">22305</td> </tr> </table>	Alexandria	VA	22305
	Alexandria	VA	22305	
City				
<table style="width: 100%;"> <tr> <td style="width: 60%;">jgreene4citycouncil@gmail.com</td> <td style="width: 40%; text-align: right;">22305</td> </tr> </table>	jgreene4citycouncil@gmail.com	22305		
jgreene4citycouncil@gmail.com	22305			
Email Address				
<table style="width: 100%;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%; text-align: right;">Daytime Phone #</td> </tr> </table>		Daytime Phone #		
	Daytime Phone #			
Campaign Website				

Candidate Information						
Candidate Information	<table style="width: 100%;"> <tr> <td style="width: 25%;">Ms.</td> <td style="width: 45%;">Greene</td> <td style="width: 20%;">Jacinta</td> <td style="width: 10%;">E.</td> <td style="width: 10%;"> </td> </tr> </table>	Ms.	Greene	Jacinta	E.	
	Ms.	Greene	Jacinta	E.		
	<table style="width: 100%;"> <tr> <td style="width: 25%;">Salutation</td> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Name</td> <td style="width: 20%;">Suffix</td> </tr> </table>	Salutation	Last Name	First Name	Middle Name	Suffix
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	Residence Address					
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<table style="width: 100%;"> <tr> <td style="width: 60%;">County or City of Residence</td> <td style="width: 40%; text-align: right;">Voter Identification #</td> </tr> </table>	County or City of Residence	Voter Identification #				
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<table style="width: 100%;"> <tr> <td style="width: 60%;">jgreene4citycouncil@gmail.com</td> <td style="width: 40%; text-align: right;">(703) 732-5986</td> </tr> </table>	jgreene4citycouncil@gmail.com	(703) 732-5986				
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Email Address						
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<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						

Election Information			
Election Information	Member City Council		
	<table style="width: 100%;"> <tr> <td style="width: 50%;">Office Sought</td> <td style="width: 50%;">District (if one)</td> </tr> </table>	Office Sought	District (if one)
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	<table style="width: 100%;"> <tr> <td style="width: 33%;">Democratic</td> <td style="width: 33%; text-align: center;">2024</td> <td style="width: 34%; text-align: right;"> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special </td> </tr> </table>	Democratic	2024
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<table style="width: 100%;"> <tr> <td style="width: 33%;">Political Party</td> <td style="width: 33%; text-align: center;">Year of Election</td> <td style="width: 34%; text-align: right;">Type of Election</td> </tr> </table>	Political Party	Year of Election	Type of Election
Political Party	Year of Election	Type of Election	



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Ms.	Walker	Tanya		
	Salutation	Last Name	First Name	Middle Name Suffix	
	8202 Crossbrook Court				
	Residence Address		Apt #		
	lorton		VA	20598	
	City		State	Zip Code	
	Fairfax County		918379311		
	County or City of Residence		Voter Identification #		
tanyawalkerco@gmail.com		(202) 441-2714			
Email Address		Daytime Phone #			
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Burke & Herbert Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Arlington	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:	<u>01/31/2024</u>			
	Date first expenditure made:	_____			
	Date campaign depository designated:	<u>01/31/2024</u>			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	<u>01/26/2024</u>			
	Date treasurer appointed:	<u>01/31/2024</u>			

(continued on next page)



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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 SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE 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>2/2/24 _____ 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 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.</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>2/2/24 _____ 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 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.</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>2/2/24 _____ Date</p> </div> </div>