Virginia State Board of Elections

~~Commonwealth of Virginia~~
CITY OF ALEXANDRIA
FEB 17 2012
VOTER REGISTRATION ELECTORAL BOARD

Statement of Organization
CANDIDATE

☒ New Candidate ☐ Amended Statement

*Please read instructions before completing this form.

Campaign Committee's Mailing Address	
Campaign Committee's Mailing Address	Friends of John Taylor Chapman Name of Candidate Campaign Committee City Council — Democrat Office Sought — District (if one) — Political Party — Date of Election 112 West Taylor Run Parkway Street Address/PO Box — Suite # Alexandria — VA — 22314 City — State — Zip Email Address — Daytime Phone #
Candidate's Information	
Candidate Information	Mr. ~~John~~ Chapman John Mr. /Ms. — Last Name — First Name 112 West Taylor Run Parkway Residence Address — Suite # Alexandria — VA — 22314 City — State — Zip — County or City j.taylor.chapman@gmail.com Email Address — Daytime Phone #
Treasurer Information	
Treasurer's Name and Address	Gordon-Donegan Gail Mr. /Ms. — Last Name — First Name 1314 Bayliss Drive Residence Address — Suite # Alexandria — VA — 22302 City — State — Zip — County or City gailkgordon@gmail.com — 202 294 6211 Email Address — Daytime Phone #
Campaign Depository	
Virginia Commerce Bank 2401 Mt. Vernon Ave. Alexandria, VA 22301	
Primary Financial Institution and Address	Secondary Financial Institution and Address (if applicable)

Statement of Organization
CANDIDATE

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 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature: _____ Date: 2/17/12
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 *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. Treasurer's Signature: _____ Date: 2/16/12
Filing Method	
Electronic Filing Agreement	☒ **Electronic Filer** - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. ☒ I intend to electronically file using Virginia's *VAFiling* Program. ☐ I intend to use an SBE Approved Vendor N/A (Please Enter Name of Vendor) Signature: _____ Date: 2/16/12 ☐ **Paper Filer** - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such. Signature: _____ Date: _____