



Statement of Organization  
CANDIDATE

AUG 12 2011

New Candidate

Amended Statement

\*Please read instructions before completing this form.

Campaign Committee's Mailing Address				
Campaign Committee's Mailing Address	Friends of Alicia Hughes			Name of Candidate Campaign Committee
	Alexandria City Council	Independent	11/2012	Office Sought Political Party Date of Election
	P.O. Box 22723			Street Address/PO Box
	Alexandria	VA	22304	City State Zip
	aliciarahughes@gmail.com		703-751-0974	Email Address Daytime Phone #
Candidate's Information				
Candidate Information	Ms	Hughes	Alicia	Mr./Ms. Last Name First Name
	200 Yorkum Parkway		701	Residence Address Suite #
	Alexandria	VA	22304 Alexandria	City State Zip County or City
	aliciarahughes@gmail.com		703-751-0974	Email Address Daytime Phone #
	Treasurer Information			
Treasurer's Name and Address	Ms	Hughes	Alicia	Mr./Ms. Last Name First Name
	200 Yorkum Parkway		701	Residence Address Suite #
	Alexandria	VA	22304 Alexandria	City State Zip County or City
	aliciarahughes@gmail.com		703-888-8101	Email Address Daytime Phone #
	Campaign Depository			
Wachovia Wells Fargo				
Alexandria, VA				
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)		



## Statement of Organization CANDIDATE

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 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> <p style="text-align: center;"> </p> <p style="text-align: center;"> <span style="margin-right: 100px;"><b>Candidate's Signature</b></span> <span><b>Date</b> 08/01/2011</span> </p>
<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 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> <p style="text-align: center;"> </p> <p style="text-align: center;"> <span style="margin-right: 100px;"><b>Treasurer's Signature</b></span> <span><b>Date</b> 08/14/2011</span> </p>
Filing Method	
<b>Electronic Filing Agreement</b>	<p><input checked="" type="checkbox"/> <b>Electronic Filer</b> - 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.</p> <p><input checked="" type="checkbox"/> I intend to electronically file using Virginia's <i>VAFiling</i> Program.</p> <p><input type="checkbox"/> I intend to use an SBE Approved Vendor</p> <p style="text-align: center;">_____ (Please Enter Name of Vendor)</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> <span style="margin-right: 100px;"><b>Signature</b></span> <span><b>Date</b> 08/11/2011</span> </p> <p><input type="checkbox"/> <b>Paper Filer</b> - 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.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">_____ <b>Signature</b></span> <span>_____ <b>Date</b></span> </p>