Virginia State Board of Elections

Commonwealth of Virginia

CITY OF ALEXANDRIA
JUL 13 2012
VOTER REGISTRATION
ELECTORAL BOARD

Statement of Organization
CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID
07-13-12	

Committee Information

Committee Information

Friends of John Taylor Chapman
Name of Candidate Campaign Committee

112 West Taylor Run Parkway
Street Address/PO Box — Suite #

Alexandria — VA — 22314
City — State — Zip Code

j.taylor.chapman@gmail.com — 571-236-4170
Email Address — Daytime Phone #

www.chapman4council.com
Campaign Website

Candidate Information

Candidate Information

Mr. — Chapman — John — Taylor
Salutation — Last Name — First Name — Middle Name — Suffix

112 West Taylor Run Parkway
Residence Address — Apt #

Alexandria — VA — 22314
City — State — Zip Code

Alexandria — 919668449
County or City of Residence — Voter Identification #

j.taylor.chapman@gmail.com — 571-236-4170
Email Address — Daytime Phone #

☑ 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 — District (if one)

Democrat — 2012 — ☑ November ☐ May ☐ Special
Political Party — Year of Election — Type of Election

Statement of Organization
CANDIDATE COMMITTEE

Treasurer Information

Treasurer Information

Salutation	Last Name: Price	First Name: Sonia	Middle Name: H. / Suffix
Residence Address: 1100 Quaker Hill Dr		Apt #: #407	
City: Alexandria		State: VA	Zip Code: 22314
County or City of Residence: Alexandria		Voter Identification #: #919946599	
Email Address: soniahprice.esq@gmail.com		Daytime Phone #: 703-625-4477	

☑ By checking this box, I certify that I am currently registered to vote at the address above.

Campaign Depository

Name of Primary Financial Institution: Virginia Commonwealth Bank	Name of Other Financial Institution (if applicable):
City: Alexandria State: VA	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: 3/10/12

Date first expenditure made: 2/17/12

Date campaign depository designated: Between 2/15-2/17

Date filing fee paid for party nomination: 2/17/12

Date Statement of Qualification filed: 2/13/12

Date treasurer appointed: 7/13/12

(continued on next page)

Statement of Organization
CANDIDATE COMMITTEE

Filing Method	
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports: ☑ File electronically using **SBE's Electronic Filing Application.** ☐ File electronically using an **SBE Approved Vendor** (Please indicate Name of Vendor:) _____ ☐ File paper reports. **Signature** _____ **Date** 7/10/2012
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 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. **Candidate's Signature** _____ **Date** 7/10/12
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** 7/10/12