



**Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE**

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" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">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	Glenda Gail Parker Campaign Name of Candidate Campaign Committee				
	1250 S. Washington St #814 Street Address/PO Box Suite #				
	Alexandria VA 22314 City State Zip Code				
	ggailparker@comcast.net 571-282-8381 Email Address Daytime Phone #				
	Campaign Website				
Candidate Information					
Candidate Information	Parker Glenda Gail Salutation Last Name First Name Middle Name Suffix				
	1250 S. Washington St #814 Residence Address Apt #				
	Alexandria VA 22314 City State Zip Code				
	Alexandria County or City of Residence				
	ggailparker@comcast.net 571-282-8381 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.				
Election Information					
Election Information	City Council Office Sought				
	District (if one) 2021 Year of Election				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



Treasurer Information					
Treasurer Information	Parker		Glenda Gail		
	Salutation	Last Name	First Name	Middle Name Suffix	
	1250 S. Washington St.		#814		
	Residence Address		Apt #		
	Alexandria		VA	22314	
	City		State	Zip Code	
	Alexandria				
County or City of Residence		Voter Identification #			
ggailparker@comcast.net		571-282-8381			
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					
TD Bank - Beacon Hill					
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:	_____			
	Date first expenditure made:	5-9-2021			
	Date campaign depository designated:	5-10-2021			
	Date filing fee paid for party nomination:	NA			
	Date Statement of Qualification filed:	_____			
Date treasurer appointed:	5-10-2021				



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> <p><u>Blonde Bail Parker</u> Signature</p> <p><u>5-10-2021</u> Date</p>
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> <p><u>Blonde Bail Parker</u> Candidate's Signature</p> <p><u>5-10-2021</u> Date</p>
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> <p><u>Blonde Bail Parker</u> Treasurer's Signature</p> <p><u>5-10-2021</u> Date</p>