



## Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement					
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <p style="text-align: center;"><b>PP-12-00410</b></p>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization.  <table border="1" style="width: 100%; border-collapse: collapse;"> <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		
Date Changes Took Effect	SBE-issued Committee ID				
Name of Committee					
<p><b>Alexandria Democratic Committee</b></p> <hr/> Full Name of Committee  Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican					
Committee Mailing Address					
618 N Washington St	Ground Floor				
Street Address/P.O. Box	Suite #				
Alexandria	VA 22314				
City	State Zip Code				
office@alexdem.org	703-549-3367				
Email Address	Business Phone				
www.alexdem.org					
Committee Website					
Area, Scope and Jurisdiction of the Committee (Please Check Only One)					
<input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> Party Caucus <input type="checkbox"/> County Party Committee (county: _____) <input checked="" type="checkbox"/> City Party Committee (city: <u>ALEXANDRIA CITY</u> ) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input type="checkbox"/> Congressional District (district: _____) <input type="checkbox"/> Virginia House District (district: _____) <input type="checkbox"/> Virginia Senate District (district: _____)					



**Committee 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: \_\_\_\_\_  
 Date committee depository designated: \_\_\_\_\_  
 Date treasurer appointed: 01/04/2004

**Candidates this Committee Supports or Opposes**

Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?

(attach additional sheets if more space needed)

**Committee Depository**

<b>SunTrust Bank</b>		
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)
Alexandria	VA	
City	State	City
<b>Address Where Books are Maintained</b>		
618 N Washington St		Ground Floor
Street Address (P.O. Boxes are not acceptable)		
Alexandria	VA	22314
City	State	Zip Code

Address Where Books are Maintained

618 N Washington St  
 Street Address (P.O. Boxes are not acceptable)  
 Alexandria VA 22314  
 City State Zip Code



## Statement of Organization POLITICAL PARTY COMMITTEE

### Treasurer

<b>Treasurer Information</b>	Salutation    Last Name                      First Name                      Middle Name                      Suffix campfair@comcast.net                      703-549-3367 Email Address                                      Daytime Phone #
	Campbell                      Elisabeth                      R Last Name                      First Name                      Middle Name                      Suffix

<b>Treasurer Residential Address</b>	429 S Fairfax St                      Apt # Street Address                                      22314 Alexandria                      VA                      Zip Code City                      State
--------------------------------------	---

<b>Treasurer Business Address</b>	618 N Washington St                      Ground Floor Street Address/P.O. Box                      Suite # Alexandria                      VA                      22314 City                      State                      Zip Code
-----------------------------------	---

### Principal Custodian of the Books

<b>Principal Custodian Information</b>	<input type="checkbox"/> Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section. Salutation    Last Name                      First Name                      Middle Name                      Suffix Campbell                      Elisabeth                      R Email Address                                      703-683-4579 campfair@comcast.net                      Daytime Phone #
<b>Treasurer</b>	Position or Title 429 S Fairfax St Street Address                      Apt # Alexandria                      VA                      22314 City                      State                      Zip Code

<b>Principal Custodian Residential Address</b>	618 N Washington St                      Ground Floor Street Address/P.O. Box                      Suite # Alexandria                      VA                      22314 City                      State                      Zip Code
--	---

<b>Principal Custodian Business Address</b>	618 N Washington St                      Ground Floor Street Address/P.O. Box                      Suite # Alexandria                      VA                      22314 City                      State                      Zip Code
---	---

### Additional Officers (optional)

<b>Additional Officers</b>	<table style="width: 100%;"> <tr> <td style="width: 30%;">Full Name</td> <td style="width: 30%;">Title</td> <td style="width: 40%;">Daytime Phone #</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Full Name	Title	Daytime Phone #			
Full Name	Title	Daytime Phone #					



### Statement of Organization POLITICAL PARTY COMMITTEE

#### Filing Method

Please indicate the method by which this committee will submit its campaign finance reports:

- File electronically using SBE's VAFiling Application.
- File electronically using an SBE Approved Vendor  
(Please indicate Name of Vendor: \_\_\_\_\_)
- File paper reports.  
(By choosing this option, I affirm that this committee: a) does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year; or b) is a county, city, or local district political party that files disclosure reports on paper with the electoral board of that county or city.)

Signature Stewart R. Campbell Date 4/11/12

#### Statement of Treasurer

I accept the appointment of Treasurer for this 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 political 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 un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.

Signature Stewart R. Campbell Date 4/11/12