



CITY OF ALEXANDRIA

JAN 12 2021

Voter Registration
Electoral Board

**Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE**

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" 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	Friends of Canek Name of Candidate Campaign Committee				
	1100 Wythe Street #469 Street Address/PO Box Suite #				
	Alexandria VA 22313 City State Zip Code				
	info@canekforcouncil.com 571-336-6291 Email Address Daytime Phone #				
	www.canekforcouncil.com Campaign Website				
Candidate Information					
Candidate Information	Mr. Aguirre Canek Salutation Last Name First Name Middle Name Suffix				
	801 N Howard Street #205 Residence Address Apt #				
	Alexandria VA 22304 City State Zip Code				
	Alexandria 022843554 County or City of Residence Voter Identification #				
	canek@canekforcouncil.com 571-336-6291 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)				
	Democrat 2021 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election				



Treasurer Information					
Treasurer Information		Thomas	Ajashu		
	Salutation	Last Name	First Name	Middle Name	
	801 N Howard Street		205		
	Residence Address		Apt #		
	Alexandria		VA		22304
	City		State		Zip Code
	Alexandria		123562500		
	County or City of Residence		Voter Identification #		
treasurer@canekforcouncil.com		571-336-6291			
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					
Burke & Herbert					
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:	01/02/18			
	Date first expenditure made:	01/02/18			
	Date campaign depository designated:	01/08/18			
	Date filing fee paid for party nomination:	02/27/18			
	Date Statement of Qualification filed:	01/08/18			
	Date treasurer appointed:	01/07/21			



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>_____ Signature</p> <p>01/12/21 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>_____ Candidate's Signature</p> <p>01/12/21 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>_____ Treasurer's Signature</p> <p>1/11/2021 Date</p>