



CITY OF ALEXANDRIA

\* VIRGINIA \*  
DEPARTMENT of ELECTIONS

Statement of Organization  
For  
Candidate Campaign Committee

JAN 08 2018

Voter Registration  
Electoral Board

### Statement of Organization CANDIDATE CAMPAIGN COMMITTEE

#### Type of Statement

NEW

AMENDED

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

This committee is filing an amended Statement of Organization.

Date Changes Took Effect

Issued Committee ID

#### Committee Information

Committee Information

Friends of Canek

Name of Candidate Campaign Committee

1100 Wythe St #469

Street Address/PO Box

Suite #

Alexandria, VA 22313

City

State

Zip Code

info@canekforcouncil.com

323-271-9771

Email Address

Daytime Phone #

CanekForCouncil.com

Campaign Website

#### Candidate Information

Candidate Information

Aquirre, Canek

Salutation Last Name

First Name

Middle Name

Suffix

3061 Mt Vernon Ave

N107

Residence Address

Apt #

Alexandria, VA 22305

City

State

Zip Code

Alexandria

022 843554

County or City of Residence

Voter Identification #

Canek@canekforcouncil.com

323-271-9771

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

2018

November

May

Special

Political Party


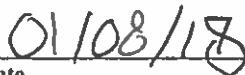

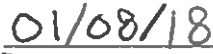


Year of Election

Type of Election



Treasurer Information					
Treasurer Information	Rodriguez		Linda		
	Salutation	Last Name	First Name	Middle Name	
	7137 Richmond Hwy		#102		
	Residence Address		Apt #		
	Alexandria		VA		22306
	City	State	Zip Code		
Alexandria		917 424 83			
County or City of Residence		Voter Identification #			
		treasurer@canekforcouncil.com			
Email Address		Daytime Phone #			
		202/614-8055			
<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:	<del>N/A</del> 01/02/08			
	Date first expenditure made:	01/02/10			
	Date campaign depository designated:	N/A			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	N/A			
Date treasurer appointed:	01/07/18				



Filing Method	
<b>Filing Method</b>	<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 <b>ELECT's Electronic Filing Application.</b></p> <p><input type="checkbox"/> File electronically using an <b>ELECT Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;">             _____            Signature         </p> <p style="text-align: center;">             _____            Date         </p>
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 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 style="text-align: center;">             _____            Candidate's Signature         </p> <p style="text-align: center;">             _____            Date         </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 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 style="text-align: center;">             _____            Treasurer's Signature         </p> <p style="text-align: center;">             _____            Date         </p>