



MAR 01 2018

Voter Registration
Electoral Board

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"> <tr> <td>Date Changes Took Effect</td> <td>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	Vote Elizabeth Bennett-Parker Name of Candidate Campaign Committee				
	107 S. West Street Street Address/PO Box				
	Alexandria City				
	152 Suite #				
	VA 22314 State Zip Code				
elizabethforalx@gmail.com Email Address	561-789-0571 Daytime Phone #				
www.elizabethforalx.com Campaign Website					
Candidate Information					
Candidate Information	Bennett-Parker Elizabeth Barclay Salutation Last Name First Name Middle Name Suffix				
	702 W View Terr Residence Address				
	Alexandria City				
	VA 22301 State Zip Code				
	Alexandria County or City of Residence				
	elizabethforalx@gmail.com Email Address	496806061 Voter Identification #			
561-789-0571 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				
	Democrat Political Party				
	2018 Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information					
Treasurer Information	Ms.	Bennett	Candice	L.	
	Salutation	Last Name	First Name	Middle Name	
	9621 Masey McQuire Ct		Apt #		
	Lofton		VA	22079	
	Fairfax County		918278694		Zip Code
	County or City of Residence		Voter Identification #		
	Candicebennett@me.com		703-919-6231		
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 Bank			Name of Other Financial Institution (if applicable)		
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Arlington VA		City State			
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:	2/22/18			
	Date first expenditure made:	2/22/18			
	Date campaign depository designated:	2/23/18			
	Date filing fee paid for party nomination:	N/A			
	Date Statement of Qualification filed:	N/A			
	Date treasurer appointed:	2/23/18			

