



**CITY OF ALEXANDRIA**  
JUN 12 2015  
VOTER REGISTRATION  
ELECTORAL BOARD

\*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board 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%; margin-top: 10px;"> <tr> <td>Date Changes Took Effect</td> <td>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				
Committee Information					
Committee Information	Friends of Hal Cardwell Name of Candidate Campaign Committee				
	2401 E Randolph Ave Street Address/PO Box				
	Alexandria VA 22301 City State Zip Code				
	HalCardwell@yahoo.com 703 585-0617 Email Address Daytime Phone #				
	none Campaign Website				
Candidate Information					
Candidate Information	Cardwell Henry Edgar Salutation Last Name First Name Middle Name Suffix				
	2401 E Randolph Ave Residence Address Apt #				
	Alexandria VA 22301 City State Zip Code				
	Alexandria County or City of Residence				
	HalCardwell@yahoo.com 703 4289071 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	School Board "A" Office Sought District (if one)				
	none 2015 Political Party Year of Election				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



Treasurer Information					
Treasurer Information	CARDWELL	HENRY	EDGAR		
	Salutation	Last Name	First Name	Middle Name Suffix	
	2401 E RANDOLPH AVE		Apt #		
	ALEXANDRIA	VA	22301		
	City	State	Zip Code		
	ALEXANDRIA		County or City of Residence		
	Hal Cardwell@yahoo.com		703-585-0617		
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					
Suntrust Bank					
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:	12-June-15			
	Date first expenditure made:				
	Date campaign depository designated:	12-June-15			
	Date filing fee paid for party nomination:				
	Date statement of qualification filed:	6-June-15			
Date treasurer appointed:	12-June-15				

(continued on next page)



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 SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p style="padding-left: 40px;">Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p style="margin-top: 20px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;"><i>[Signature]</i></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">12 June 15</span> </p> <p style="margin-top: 5px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Signature</span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Date</span> </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 State Board 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="margin-top: 20px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;"><i>[Signature]</i></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">12 June 15</span> </p> <p style="margin-top: 5px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Candidate's Signature</span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Date</span> </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 State Board 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="margin-top: 20px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;"><i>[Signature]</i></span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">12 June 15</span> </p> <p style="margin-top: 5px;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Treasurer's Signature</span> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Date</span> </p>