



* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

MAR 06 2015

VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

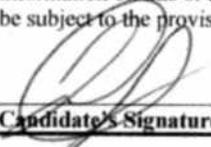
Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"> <tr> <td>Date Changes Took Effect</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 John Taylor Chapman Name of Candidate Campaign Committee				
	112 West Taylor Run Pkwy Street Address/PO Box				
	Alexandria City				
	VA State				
	22314 Zip Code				
	chapman4council@gmail.com Email Address				
www.chapman4council.com Campaign Website					
571-236-4170 Daytime Phone #					
Candidate Information					
Candidate Information	Mr. Chapman John Taylor Salutation Last Name First Name Middle Name Suffix				
	112 West Taylor Run Pkwy Residence Address				
	Alexandria City				
	VA State				
	22314 Zip Code				
	Alexandria County or City of Residence				
	919668449 Voter Identification #				
John Taylor j.taylor.chapman@gmail.com Email Address					
571-236-4170 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				
	2015 Year of Election				
District (if one)	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



Treasurer Information					
Treasurer Information	Adams	Brenda	Marie		
	Salutation	Last Name	First Name	Middle Name	Suffix
	6221 Split Creek Lane				
	Residence Address			Apt #	
	Alexandria	Virginia		22312	
	City	State	Zip Code		
	Fairfax Co.		703021740		
County or City of Residence			Voter Identification #		
bma815cap@aol.com			703-212-8882		
Email Address			Daytime Phone #		
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
United 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:	3/10/12			
	Date first expenditure made:	2/17/12			
	Date campaign depository designated:	2/17/12			
	Date filing fee paid for party nomination:	2/17/12			
	Date statement of qualification filed:	2/13/12			
Date treasurer appointed:	3/6/15				

(continued on next page)



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 SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p> _____ Signature</p> <p style="text-align: right;">3/6/15 _____ 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 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> _____ Candidate's Signature</p> <p style="text-align: right;">3/6/15 _____ 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 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> _____ Treasurer's Signature</p> <p style="text-align: right;">3/6/15 _____ Date</p>