



**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" style="width: 100%; margin-top: 10px;"> <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	Name of Candidate Campaign Committee <i>Friends of Abdel Elnoubi</i>				
	Street Address/PO Box <i>P.O. Box 11953</i>				
	Suite # <i> </i>				
	City <i>Alexandria</i>				
	State <i>Va</i>				
Zip Code <i>22312</i>					
Email Address <i>aelnoubi@gmail.com</i>	Daytime Phone # <i>347-217-6297</i>				
Campaign Website <i> </i>					
Candidate Information					
Candidate Information	Salutation <i>Elnoubi</i>				
	Last Name <i>Abdel-Rahman</i>				
	First Name <i> </i>				
	Middle Name <i> </i>				
	Suffix <i> </i>				
	Residence Address <i>309 Yeakum Pkwy</i>				
	Apt # <i>505</i>				
City <i>Alexandria</i>	State <i>Va</i>	Zip Code <i>22304</i>			
County or City of Residence <i> </i>	Voter Identification # <i>60#2444385</i>				
Email Address <i> </i>	Daytime Phone # <i>347 217 6297</i>				
<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	Office Sought <i>Alexandria City Council</i>				
	District (if one) <i> </i>				
	Political Party <i>Democratic</i>				
Year of Election <i>2021</i>	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				

CITY OF ALEXANDRIA
 CFDA-947.1
 NOV 25 2020
 Voter Registration
 Electoral Board

Supersedes all previous versions



Treasurer Information				
Treasurer Information	Elnoubi Abdel-Rahman			
	Salutation	Last Name	First Name	Middle Name Suffix
	309 Yaakum Pkwy		505	
	Residence Address		Apt #	
	Alexandria	Va	22304	
	City	State	Zip Code	
	County or City of Residence		Voter Identification #	
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				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
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: _____			
	Date first expenditure made: _____			
	Date campaign depository designated: _____			
	Date filing fee paid for party nomination: _____			
	Date Statement of Qualification filed: <u>11/25/20</u>			
	Date treasurer appointed: _____			





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 <u>Abdelrahman Said</u> Date <u>11/25/20</u></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 <u>Abdelrahman Said</u> Date <u>11/25/20</u></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 <u>Abdelrahman Said</u> Date <u>11/25/20</u></p>

