



Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

MAR 20 2018

Voter Registration
Electoral Board

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	Name of Candidate Campaign Committee Chris for City Council				
	Street Address/PO Box 121 Cameron Mews				
	Suite # 				
	City Alexandria VA				
	State VA				
	Zip Code 22314				
Email Address Chris.City.Council@gmail.com	Daytime Phone # 703-244-4190				
Campaign Website N/A					
Candidate Information					
Candidate Information	Salutation 				
	Last Name Hubbard				
	First Name James				
	Middle Name Chris				
	Suffix 				
	Residence Address 121 Cameron Mews				
	Apt # 				
City Alexandria VA	State VA				
Zip Code 22314					
County or City of Residence City of Alexandria	Voter Identification # 301029679				
Email Address JCHubbard@verizon.net	Daytime Phone # 703-244-4190				
<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 City Council				
	District (if one) 				
	Political Party Dem	Year of Election 2018			
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Type of Election				



Treasurer Information				
Treasurer Information	Condales Jacqueline			
	Salutation	Last Name	First Name	Middle Name
	121 Cameron Mews			
	Residence Address		Apt #	
	Alexandria VA		22314	
	City	State	Zip Code	
City of Alexandria		309027290		
County or City of Residence		Voter Identification #		
JC Hubbard @ Verizon.net		703 244-4190		
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				
Burke & Herbert Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria VA 22314				
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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	3/30/18		
	Date filing fee paid for party nomination:	3/27/18		
	Date Statement of Qualification filed:	3/27/18		
Date treasurer appointed:	3/30/18			



* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization
For
Candidate Campaign Committee

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 style="margin-top: 20px;"> _____ Signature _____ 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 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="margin-top: 20px;"> _____ Candidate's Signature _____ 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 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="margin-top: 20px;"> _____ Treasurer's Signature _____ Date </p>