



* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization

CITY OF ALEXANDRIA
Candidate
JUN 10 2016
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" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">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	Name of Candidate Campaign Committee <i>Friends of Alicia Hughes</i>				
	Street Address/PO Box <i>2718 Jefferson Drive</i>				
	Suite # 				
	City <i>Alexandria</i> State <i>VA</i> Zip Code <i>22303</i>				
	Email Address <i>alicia.hughes@gmail.com</i> Daytime Phone # <i>571-969-3915</i>				
Campaign Website					
Candidate Information					
Candidate Information	Salutation 				
	Last Name <i>Hughes</i> First Name <i>Alicia</i> Middle Name <i>Michelle</i> Suffix 				
	Residence Address <i>2718 Jefferson Drive</i>				
	Apt # 				
	City <i>Alexandria</i> State <i>VA</i> Zip Code <i>22303</i>				
	County or City of Residence <i>Fauquier</i> Voter Identification # 				
Email Address <i>alicia.hughes@gmail.com</i> Daytime Phone # <i>571-929-3915</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>City Council</i> District (if one) 				
	Political Party <i>Republican</i> Year of Election 				
	<input type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		Hughes	Alicia	Rockelle	
	Residence Address	2718 Jefferson Drive			
		Alexandria	VA	22303	
	City	State	Zip Code		
	County or City of Residence	Fairfax County			
	Email Address	aliciarhughes		Voter Identification # 571-969-3918	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
DNC Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Fairfax	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:	_____			
	Date first expenditure made:	_____			
	Date campaign depository designated:	_____			
	Date filing fee paid for party nomination:	_____			
	Date statement of qualification filed:	_____			
	Date treasurer appointed:	_____			

(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;">_____ Date 6/10/2016</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;">_____ Date 6/10/2016</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;">_____ Date 6/10/2016</p>