



Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE

M/R 30 2021

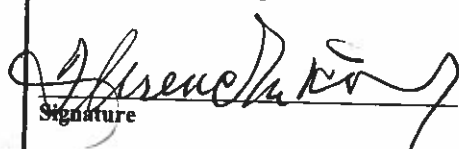


Vote Registration  
Electoral Board

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	Florence KING for ALEXANDRIA Name of Candidate Campaign Committee				
	526 KING Street 207 Street Address/PO Box Suite #				
	ALEXANDRIA VA 22314 City State Zip Code				
	KING.florence.fmk@gmail.com 703 684 2005 Email Address Daytime Phone #				
	WWW.FLORENCEKING.COM Campaign Website				
Candidate Information					
Candidate Information	KING Florence MABLE Salutation Last Name First Name Middle Name Suffix				
	614 S. PAYNE Street Residence Address Apt #				
	ALEXANDRIA VA 22314 City State Zip Code				
	ALEXANDRIA 704022491 County or City of Residence Voter Identification #				
	KING.florence.fmk@gmail.com 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	City Council Office Sought				
	8th District (if one)				
	Independent 2021 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	JAMES DONNA WALKER
	Salutation Last Name First Name Middle Name Suffix
	6211 Waterway Drive
	Residence Address Apt #
	Falls Church VA 22044
	City State Zip Code
	Falls Church * 309024556
County or City of Residence Voter Identification #	
donnawalkerjames@gmail.com 703 928 0619	
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	
Atlantic Union 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: MARCH 22, 2021
	Date first expenditure made: _____
	Date campaign depository designated: MARCH 22, 2021
	Date filing fee paid for party nomination: _____
	Date Statement of Qualification filed: _____
Date treasurer appointed: MARCH 22, 2021	



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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;"> <u>3/29/2021</u>            Date         </div> </div>
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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Candidate's Signature         </div> <div style="text-align: center;"> <u>3/29/2021</u>            Date         </div> </div>
<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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Treasurer's Signature         </div> <div style="text-align: center;"> <u>3/29/2021</u>            Date         </div> </div>