



**Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE**

Type of Statement					
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center;">Issued Committee ID</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	<b>PATRICK MORAN FOR VIRGINIA</b> Name of Candidate Campaign Committee				
	<del>424 N HENRY ST.</del> 1025 QUEEN ST Street Address/PO Box <span style="float: right;">Suite #</span>				
	Alexandria VA 22314 City <span style="float: right;">State <span style="margin-left: 50px;">Zip Code</span></span>				
	PATRICK@PATRICKMORAN.ORG (301)481-6058 Email Address <span style="float: right;">Daytime Phone #</span>				
	PATRICKMORAN.ORG Campaign Website				
	Candidate Information				
Candidate Information	MORAN PATRICK BRIAN Salutation Last Name First Name Middle Name Suffix				
	424 N HENRY ST. Residence Address <span style="float: right;">Apt #</span>				
	Alexandria VA 22314 City <span style="float: right;">State <span style="margin-left: 50px;">Zip Code</span></span>				
	Alexandria City 905910097 County or City of Residence <span style="float: right;">Voter Identification #</span>				
	PATRICK@PATRICKMORAN.ORG (301)481-6058 Email Address <span style="float: right;">Daytime Phone #</span>				
	<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 <span style="float: right;">District (if one)</span>				
	DEMOCRAT 2021 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party <span style="float: right;">Year of Election <span style="margin-left: 50px;">Type of Election</span></span>				



Treasurer Information					
Treasurer Information	Salutation	HRUTKAY	STEPHANIE	JD	
	Last Name		First Name	Middle Name	
	Residence Address		Apt #		
	145 DALE ST.				
	City	ALEXANDRIA	State	22305	
	County or City of Residence		V/A	Zip Code	
	Email Address		Voter Identification #		
STEPHANIE@PATRICKMORAN.ORG		920090039			
SHRUTKAY@GMAIL.COM		(703)774-4277			
<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)			
MIDDLESEX FEDERAL SAVINGS / BANK NOV0					
City	State	City	State		
New York City	NY				
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:	2/21/2021			
	Date first expenditure made:	2/19/2021			
	Date campaign depository designated:	2/23/2021			
	Date filing fee paid for party nomination:				
	Date Statement of Qualification filed:				
Date treasurer appointed:	2/25/2021				



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</p> <p>_____ Date FEBRUARY 25, 2021</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</p> <p>_____ Date 2/25/2021</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</p> <p>_____ Date 2/25/21</p>