



CITY OF ALEXANDRIA

APR 20 2015

*Please read instructions before completing this form.

VOTER REGISTRATION
ELECTORAL BOARD

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"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td>4/20/15</td> <td></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	4/20/15	
Date Changes Took Effect	SBE-issued Committee ID				
4/20/15					

Committee Information	
Committee Information	VAN FLEET FOR ALEXANDRIA COUNCIL Name of Candidate Campaign Committee
	P.O. Box 320904 Street Address/PO Box
	Alexandria VA 22320 City State Zip Code
	VANISYOURMAN@GMAIL.COM 703-901-3659 Email Address Daytime Phone #
	WWW.VANISYOURMAN.COM Campaign Website

Candidate Information	
Candidate Information	MR. VAN FLEET TOWNSEND Allen Salutation Last Name First Name Middle Name Suffix
	26 Wolfe St Residence Address
	Alexandria VA 22314 City State Zip Code
	Alexandria 709019837 County or City of Residence Voter Identification #
	VMGTHEHILL@AOL.COM 703-901-3659 Email Address Daytime Phone #
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.	

Election Information	
Election Information	Alexandria, VA Council Office Sought District (if one)
	Republican 2015 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	Salutation	Last Name	First Name	Middle Name	Suffix
		MCCUNE	HARRIET	Glover	
	Residence Address				
	19 FORT WILLIAM PARKWAY				
	Apt #				
	City		State	Zip Code	
Alexandria		VA	22304-1803		
County or City of Residence			Voter Identification #		
Alexandria			703024048		
Email Address			Daytime Phone #		
HARRIET.MCCUNE@VERIZON.NET			703-370-1652		
<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)		
SUNTRUST					
Alexandria VA					
City		State	City		State
Alexandria		VA			
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:	4/8/15			
	Date first expenditure made:	4/8/15			
	Date campaign depository designated:	4/8/15			
	Date filing fee paid for party nomination:	N/A			
	Date statement of qualification filed:	N/A			
Date treasurer appointed:	4/20/15				

(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 style="margin-top: 20px;"><i>Harriett G. McCune</i> Signature <u>4-19-15</u> 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 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 style="margin-top: 20px;"><i>Jamshed A. Wau Flat</i> Candidate's Signature <u>4/20/15</u> 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 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 style="margin-top: 20px;"><i>Harriett G. McCune</i> Treasurer's Signature <u>4-19-15</u> Date</p>