



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement				
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-17-00739	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.			
		Date Changes Took Effect	SBE-issued Committee ID	
Committee Information				
Committee Information	Wilson For Mayor			
	Name of Candidate Campaign Committee			
	300 ASPEN ST			
	Street Address/PO Box	Suite #		
	ALEXANDRIA	VA	22305	
	City	State	Zip Code	
campaign@justin.net	703-299-1576			
Email Address	Daytime Phone #			
http://www.justin.net				
Campaign Website				
Candidate Information				
Candidate Information	Mr	Wilson	Justin	Marshall
	Salutation	Last Name	First Name	Middle Name Suffix
	300 ASPEN ST			
	Residence Address			Apt #
	ALEXANDRIA			VA
	City			State Zip Code
	ALEXANDRIA CITY			918121481
	County or City of Residence			Voter Identification #
justin@justin.net			703-338-2843	
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	Mayor		Alexandria City	
	Office Sought		District (if one)	
	Democratic	2018	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
	Political Party	Year of Election	Type of Election	



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	Mr	Jones	Dennis	L
	Salutation	Last Name	First Name	Middle-Name Suffix
	608 S View Terrace			
	Residence Address		Apt #	
	ALEXANDRIA		VA	22314
	City		State	Zip Code
	ALEXANDRIA CITY		701022832	
	County or City of Residence		Voter Identification #	
dennis.jones@comcast.net		703-989-3310		
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				
United 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:	11/03/2017		
	Date first expenditure made:	_____		
	Date campaign depository designated:	11/03/2017		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	_____		
	Date treasurer appointed:	11/03/2017		

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
	Please indicate the method by which this committee will submit all required campaign finance reports:
Filing Method	<input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application. <input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____) <input type="checkbox"/> File paper reports.
Signature	_____ Date 11/3/2012
Signatures	
Candidate's Signature	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.
Candidate's Signature	_____ Date 11/3/2012
Treasurer's Signature	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.
Treasurer's Signature	_____ Date 3 Nov 2017