



APR 15 2010  
 VOTER REGISTRATION  
 ELECTORAL BOARD

Statement of Organization  
 POLITICAL PARTY COMMITTEE

Type of Statement			
<input type="checkbox"/> New Committee		<input checked="" type="checkbox"/> Amended Statement	
Name of Committee			
ALEXANDRIA REPUBLICAN CITY COMMITTEE			
Insert full name of committee (you may include acronyms, but please spell them out)			
Committee Mailing Address			
PO BOX 245			
Street/PO Box (*See Instructions)			
ALEXANDRIA	VA	22313	
City	State	Zip Code	
(703) 823-1801	(703) 997-2549	treasurer@AlexGOP.org	
Business Phone	Fax	E-Mail Address (*see instructions)	
Candidate's Supported or Opposed			
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?
Committee Depository			
BURKE & HERBERT BANK & TRUST CO		CHAIN BRIDGE BANK, NA	
Primary Bank Name or Depository		Secondary Bank Name or Depository	
ALEXANDRIA VA		MC LEAN VA	
Address of Depository		Address of Depository	
Area, Scope and Jurisdiction of the Committee (Please Check One)			
<input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> County Party Committee <input checked="" type="checkbox"/> City Party Committee <input type="checkbox"/> Local Magisterial District		<input type="checkbox"/> Party Caucus <input type="checkbox"/> Legislative District Party Committee (District _____) <input type="checkbox"/> Congressional <input type="checkbox"/> Virginia House <input type="checkbox"/> Virginia Senate	



## Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer and Books Information			
<b>Treasurer</b>	ME	MARSTON	CHRIS
	Mr./Ms.	Last Name	First Name
	N/A		
	Business Address, City, State and Zip Code		
	110 SHOOTERS CT		
	Street Address (Residence)	Suite #	
ALEXANDRIA VA 22314			
City, State and Zip Code			
TREASURER @ Alex GOP.org		703-627-4679	
Email Address (*see instructions)		Daytime Phone #	
<b>Principal Custodian of the Books</b>	SAME AS TREASURER		
	Mr./Ms.	Last Name	First Name
	Business Address, City, State and Zip Code		
	Street Address (Residence)		
	City, State and Zip Code		
	Email Address (*see instructions)		Daytime Phone #
<b>Address Where Books are Maintained</b>	110 SHOOTERS CT		
	Street Address (P.O. Boxes are Not Acceptable)		Suite #
	ALEXANDRIA VA 22314		
City, State and Zip Code			



**Filing Method (Electronic Filing Agreement)**

**Electronic Filer** - I, as treasurer of this political action committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that, if at anytime the campaign committee does not intend to file electronically, I will submit an amended Statement of Organization stating such.

I intend to electronically file using SBE's *VAFiling Program*.

I intend to use an **SBE Approved Vendor** (please indicate name of vendor): \_\_\_\_\_

Signature

Date

**Paper Filer** - I, as treasurer of this political committee, declare that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during this calendar year; or, that this committee is a county, city or local district committee and therefore exempt from the electronic filing requirement.

*Cliff M. [Signature]*  
Signature

4/15/2010  
Date

**Statement of Treasurer**

I accept the appointment of Treasurer for this 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 *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.

*Cliff M. [Signature]*  
Signature

4/15/2010  
Date