



**Statement of Organization
POLITICAL PARTY COMMITTEE**

Type of Statement			
<input type="checkbox"/> New Committee		<input checked="" type="checkbox"/> Amended Statement	
Name of Committee			
ALEXANDRIA DEMOCRATIC COMMITTEE			
<small>Insert full name of committee (you may include acronyms, but please spell them out)</small>			
Committee Mailing Address			
618 N WASHINGTON ST			
<small>Street/PO Box (*See Instructions)</small>			
ALEXANDRIA, VA		22314	
<small>City</small>		<small>State</small>	<small>Zip Code</small>
(703) 549-3367	(703) 549-8011	WWW.ALEXDEM.ORG	
<small>Business Phone</small>	<small>Fax</small>	<small>E-Mail Address (*see instructions)</small>	
Candidate's Supported or Opposed			
<small>Full Name and Address of Candidate(s)</small>	<small>Office Sought</small>	<small>Party Affiliation</small>	<small>Support or Oppose?</small>
Committee Depository			
SUNTRUST BANK			
<small>Primary Bank Name or Depository</small>		<small>Secondary Bank Name or Depository</small>	
515 KING ST, ALEX, VA 22314			
<small>Address of Depository</small>		<small>Address of Depository</small>	
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	



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Treasurer and Books Information	
Treasurer	<div style="display: flex; justify-content: space-between;"> CAMPBELL ELIZABETH </div>
	<div style="display: flex; justify-content: space-between;"> Mr./Ms <input checked="" type="checkbox"/> Last Name First Name </div>
	429 S. FAIRFAX ST
	Business Address, City, State and Zip Code
	Street Address (Residence) Suite #
	ALEXANDRIA, VA 22314
City, State and Zip Code	
CAMPAIGN@COMCAST.NET 703-683-4579	
Email Address (*see instructions) Daytime Phone #	
Principal Custodian of the Books	<div style="display: flex; justify-content: space-between;"> CAMPBELL ELIZABETH </div>
	<div style="display: flex; justify-content: space-between;"> Mr./Ms <input checked="" type="checkbox"/> Last Name First Name </div>
	618 N WASHINGTON ST
	Business Address, City, State and Zip Code
	Street Address (Residence) Suite #
	ALEXANDRIA, VA 22314
City, State and Zip Code	
Email Address (*see instructions) Daytime Phone #	
Address Where Books are Maintained	618 N. WASHINGTON ST
	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 Elizabeth R. Conwell

Date 10/4/11

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.

Signature _____

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.

Signature Elizabeth R. Conwell

Date 10/4/11

FOR SBE OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

COMMITTEE ID: _____ **CIRCLE ONE**
N or A