



Statement of Organization CANDIDATE COMMITTEE

AUG 21 2012

*Please read instructions before completing this form.

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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">08/10/2012</td> <td style="text-align: center;">CC-12-00776</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	08/10/2012	CC-12-00776				
Date Changes Took Effect	SBE-issued Committee ID								
08/10/2012	CC-12-00776								
Committee Information									
Committee Information	Friends of Alicia Hughes Name of Candidate Campaign Committee								
	P.O. Box 22723 Street Address/PO Box								
	Alexandria City								
	aliciarhughes@gmail.com Email Address								
	www.aliciahughes.com Campaign Website								
	Suite # VA 22304 State Zip Code								
Candidate Information									
Candidate Information	<table style="width: 100%;"> <tr> <td style="text-align: center;">Hughes</td> <td style="text-align: center;">Alicia</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Salutation Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name</td> <td style="text-align: center;">Suffix</td> </tr> </table>	Hughes	Alicia			Salutation Last Name	First Name	Middle Name	Suffix
	Hughes	Alicia							
	Salutation Last Name	First Name	Middle Name	Suffix					
	5160 Brawner Place Residence Address								
	Alexandria City								
	ALEXANDRIA CITY County or City of Residence								
	aliciarhughes@gmail.com Email Address								
703-751-0974 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	Member City Council Office Sought								
	Alexandria City District (if one)								
	Republican Political Party								
	2012 Year of Election								
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election									



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Treasurer Information				
Treasurer Information	Hughes	Alicia		
	Salutation Last Name	First Name	Middle Name	Suffix
	5160 Brawner Place			
	Residence Address		Apt #	
	Alexandria		VA	22304
	City		State	Zip Code
	ALEXANDRIA CITY		473771500	
	County or City of Residence		Voter Identification #	
aliciarhughes@gmail.com		703-751-0974		
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				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA		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:	_____		
	Date first expenditure made:	_____		
	Date campaign depository designated:	_____		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	_____		
Date treasurer appointed:	_____			

(continued on next page)



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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.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;"> Signature Date <u>8/20/2012</u> </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="text-align: center;"> Candidate's Signature Date <u>8/20/2012</u> </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="text-align: center;"> Treasurer's Signature Date <u>8/20/2012</u> </p>