Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

COmmonwealth of Wirginia IA



DEC 13 2023

Voter Registration Electoral Board

*Please read instructions before completing this form.								
	فعرر وحقارات بالرادر	Type of Statement						
	X NEW	☐ AMENDED						
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.						
		Date Changes Took Effect SBE-issued Committee ID		mittee ID				
	CC-23-02479							
Committee Information								
Committee Information	Friends of Amy Jackson for Mayor							
	Name of Candidate Campaign Committee							
	4012 Ellicott Street							
	Street Address/PO Box		Suite #					
	Alexandria		VA	22304				
	City		State	Zip Code				
	amy4alexandria@gmail.com		(703) 597-9439					
	Email Address Daytime Phone #							
	Campaign Website							
	<u> </u>	Candidate Information	. 201 -					
	Jackson	Amy	В					
	Salutation Last Name	First Name	Middle Name	Suffix				
	4012 Ellicott Street							
	Residence Address	Apt#						
Candidate	Alexandria		VA	22304				
Information	City	S	State	Zip Code				
	Alexandria City		710024794					
	County or City of Residence		Voter Identification #					
	amy4alexandria@gmail.com		(703) 597-9439					
	Email Address	1	Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.							
		Election Information						
Election Information	Mayor							
	Office Sought	District (if one)						
Information								
Information	Democratic	2024	XNovember □May	Special				



Statement of Organization CANDIDATE COMMITTEE

	Treasu	rer Information				
Treasurer Information	Henry	Nishita	D			
	Salutation Last Name	First Name	Middle Nam	e Suffix		
	4007 W Braddock Rd					
	Residence Address		Apt #			
	Alexandria		VA	22304		
	City		State	Zip Code		
	Alexandria City		917293451			
	County or City of Residence		Voter Identification #			
	nishitahenry@gmail.com	(703) 623-6823				
	Email Address		Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.					
	Campa	nign Depository				
Truist						
Name of Primary l	Financial Institution	Name of Other I	inancial Institution (if application)	cable)		
Alexandria	VA					
City	State	City	State	in a second		
	Comr	nittee Activity	Allen Property			
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
Dates of Activity	Date first contribution accepted	i: 12/05/2	023			
	Date first expenditure made:					
		12/05/2	023			
	Date campaign depository designates and designates are campaign depository designates and designates are campaign depository designates and designates are campaign depository designates are campaign depository designates are campaign depository.	gnated:				
	Date filing fee paid for party nomination:					
	Date Statement of Qualification	ı filed:	v			
	Date treasurer appointed:	12/05/2	023			

(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	KI File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Signature J. Jackson 12/11/23				
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 Code of Virginia). 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 Code of Virginia. 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				
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 Code of Virginia). 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 Code of Virginia 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. April 1				