

Commonwealth of Virginia CITY OF ALEXANDRIA

Statement of Organization CANDIDATE COMMITTEE

JUN 1 4 2022

	*Please read instructions before completing this form. Voter Registration								
Type of Statement Electoral Board									
	□ NEW	X A	X AMENDED						
	ittee is registering with the Board of Elections for the f		This committee is filing an amended Statement of Organization.						
Virginia State i	time.	Date Changes Took Effect	Date Changes Took Effect SBE-issued Committee ID						
		06/14/2022							
Committee Information									
Committee Information	Kirk for Alexandria								
	Name of Candidate Campaign Committee								
	PO Box 16109								
	Street Address/PO Box		Suite #						
	Alexandria		VA	22302					
	City		State	Zip Code					
	info@kirkmcpike.com	1	(571) 384-8639						
	Email Address		Daytime Phone #						
	https://www.kirkmcpike.com/								
	Campaign Website								
		Candidate Information							
	Mr McPike	Richard	Kirk						
	Salutation Last Name	First Name	Middle Name	Suffix					
		21130114							
	1325 N Ivanhoe St								
			Apt#						
Candidate	1325 N Ivanhoe St		Apt #	22304					
Candidate Information	1325 N Ivanhoe St Residence Address	,	-	22304 Zip Code					
	1325 N Ivanhoe St Residence Address Alexandria		VA						
	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen	ce	VA State 031148962 Voter Identification #						
	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen info@kirkmcpike.com	ce	VA State 031148962 Voter Identification # (214) 578-8006						
	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen	ce	VA State 031148962 Voter Identification #						
	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen info@kirkmcpike.com Email Address	ce	VA State 031148962 Voter Identification # (214) 578-8006 Daytime Phone #	Zip Code					
	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen info@kirkmcpike.com Email Address	ce	VA State 031148962 Voter Identification # (214) 578-8006 Daytime Phone #	Zip Code					
Information	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residen info@kirkmcpike.com Email Address	ce I certify that I am currently registered	VA State 031148962 Voter Identification # (214) 578-8006 Daytime Phone #	Zip Code					
	Residence Address Alexandria City Alexandria City County or City of Residen info@kirkmcpike.com Email Address By checking this box,	ce I certify that I am currently registered	VA State 031148962 Voter Identification # (214) 578-8006 Daytime Phone # to vote at the address abov	Zip Code					
Information	1325 N Ivanhoe St Residence Address Alexandria City Alexandria City County or City of Residentinfo@kirkmcpike.com Email Address By checking this box, Member City Council	ce I certify that I am currently registered Election Information	VA State 031148962 Voter Identification # (214) 578-8006 Daytime Phone # to vote at the address abov	Zip Code					



Statement of Organization CANDIDATE COMMITTEE

		Tr	easurer Inforn	nation			
Treasurer Information	Mr.	Batey	Ken	neth	Carter	Jr.	
	Salutation	Last Name	First	Name	Middle Name	Suffix	
	931 N Pa	xton St					
	Residence A	Address		Apt#			
	Alexandri	ia		VA		22304	
	City			State		Zip Code	
	Alexandria City			146790255			
	County or City of Residence			Voter Identification #			
	carter@kirkmcpike.com			(202) 351-9300			
	Email Address			Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.						
		Cs	ımpaign Depos	itory			
Burke & Herbe	rt Bank						
Name of Primary Financial Institution			Name	Name of Other Financial Institution (if applicable)			
Alexandria	VA						
City		State	City				
		(Committee Acti	vity			
	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:		12/29/2020	,	,		
	Date first expenditure made:		12/29/2020				
				01/28/2021			
	Date campaign depository designated:			03/05/2021	<u>-</u>		
	Date filing fee paid for party nomination: Date Statement of Qualification filed: Date treasurer appointed:		01/08/2021				
			01/08/2021				

(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.				
	6/14/22				
	Signature				
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. Y/22/22				
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. Treasurer's Signature Date				

CITY OF ALEXANDRIA

JUN 1 4 2022

Voter Registration Electoral Board