





## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
<b>Treasurer Information</b>	<b>Mr.</b>	<b>Batey</b>	<b>Kenneth</b>	<b>Carter Jr.</b>	
	Salutation	Last Name	First Name	Middle Name Suffix	
	<b>931 N Paxton St</b>				
	Residence Address		Apt #		
	<b>Alexandria</b>		<b>VA</b>	<b>22304</b>	
	City		State	Zip Code	
	<b>Alexandria City</b>		<b>146790255</b>		
County or City of Residence			Voter Identification #		
<b>carter@kirkmcpike.com</b>			<b>(202) 351-9300</b>		
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					
<b>Burke &amp; Herbert Bank</b>					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
<b>Alexandria VA</b>					
City		State	City State		
Committee Activity					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:	<u>12/29/2020</u>			
	Date first expenditure made:	<u>12/29/2020</u>			
	Date campaign depository designated:	<u>01/28/2021</u>			
	Date filing fee paid for party nomination:	<u>03/05/2021</u>			
	Date Statement of Qualification filed:	<u>01/08/2021</u>			
	Date treasurer appointed:	<u>01/08/2021</u>			

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<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 <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature _____ Date <u>6/24/22</u></p>
Signatures	
<b>Candidate's Signature</b>	<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>Signature _____ Date <u>4/22/22</u></p>
<b>Treasurer's Signature</b>	<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>Signature _____ Date <u>5/20/22</u></p>

CITY OF ALEXANDRIA

JUN 14 2022

Voter Registration  
Electoral Board