



Statement of Organization CANDIDATE COMMITTEE

*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;">04/19/2024</td> <td style="text-align: center;">CC-12-00439</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	04/19/2024	CC-12-00439																													
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04/19/2024	CC-12-00439																																	
Committee Information																																		
Committee Information	Friends of John Taylor Chapman Name of Candidate Campaign Committee 112 West Taylor Run Parkway Street Address/PO Box Suite # Alexandria VA 22314 City State Zip Code chapman4council@gmail.com (571) 236-4170 Email Address Daytime Phone # http://chapman4council.com/ Campaign Website																																	
Candidate Information																																		
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Chapman</td> <td style="width: 33%; text-align: center;">John</td> <td style="width: 33%; text-align: center;">Taylor</td> </tr> <tr> <td style="font-size: small;">Salutation Last Name</td> <td style="font-size: small;">First Name</td> <td style="font-size: small;">Middle Name Suffix</td> </tr> <tr> <td colspan="2">112 West Taylor Run Parkway</td> <td></td> </tr> <tr> <td style="font-size: small;">Residence Address</td> <td style="font-size: small;">Apt #</td> <td></td> </tr> <tr> <td>Alexandria</td> <td style="text-align: center;">VA</td> <td style="text-align: right;">22314</td> </tr> <tr> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip Code</td> </tr> <tr> <td>Alexandria City</td> <td style="text-align: center;">919668449</td> <td></td> </tr> <tr> <td style="font-size: small;">County or City of Residence</td> <td style="font-size: small;">Voter Identification #</td> <td></td> </tr> <tr> <td>chapman4council@gmail.com</td> <td style="text-align: center;">(571) 236-4170</td> <td></td> </tr> <tr> <td style="font-size: small;">Email Address</td> <td style="font-size: small;">Daytime Phone #</td> <td></td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. </td> </tr> </table>	Chapman	John	Taylor	Salutation Last Name	First Name	Middle Name Suffix	112 West Taylor Run Parkway			Residence Address	Apt #		Alexandria	VA	22314	City	State	Zip Code	Alexandria City	919668449		County or City of Residence	Voter Identification #		chapman4council@gmail.com	(571) 236-4170		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.		
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Election Information																																		
Election Information	Member City Council Office Sought District (if one) Democratic 2024 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election																																	



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Treasurer Information					
Treasurer Information	Ms.	Price	Sonia	Holmes	
	Salutation	Last Name	First Name	Middle Name Suffix	
	1100 Quaker Hill Drive			407	
	Residence Address			Apt #	
	Alexandria			VA	22314
	City			State	Zip Code
	Alexandria City			919946599	
County or City of Residence			Voter Identification #		
chapman4council@gmail.com			(703) 625-4477		
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					
United Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria			VA		
City			State		
Alexandria			VA		
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:	<u>03/10/2012</u>			
	Date first expenditure made:	<u>02/17/2012</u>			
	Date campaign depository designated:	<u>02/17/2012</u>			
	Date filing fee paid for party nomination:	<u>02/17/2012</u>			
	Date Statement of Qualification filed:	<u>02/13/2012</u>			
	Date treasurer appointed:	<u>04/19/2024</u>			

(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;"> _____ 4/19/24 Signature Date </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;"> _____ 4/19/24 Candidate's Signature Date </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;"> _____ 4/19/2024 Treasurer's Signature Date </p>