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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

ALEXANDRIA DEMOCRATIC COMMITTEE

ADDRESS (number and street)

618 N WASHINGTON ST

(Check if address  
is changed)

GROUND FLOOR

ALEXANDRIA VA 22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

OFFICE@ALEXNEMS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.ALEXNEMS.ORG

COMMITTEE'S FAX NUMBER

703-549-8011

2. DATE

12 19 2006 08/09/2004

3. FEC IDENTIFICATION NUMBER ▶

C00402628

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ELISABETH R. CAMPBELL

Signature of Treasurer

*Elisabeth R. Campbell*

Date

12 19 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  SUB (National, State or subordinate) committee of the  DEM (Democratic, Republican, etc.) Party.
- (e)  This committee is a separate segregated fund.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

DEMOCRATIC PARTY OF VIRGINIA

Mailing Address 4108 E MAIN ST

RICHMOND VA 23219

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship SUBORDINATE OR AFFILIATED

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

ALEXANDRIA DEMOCRATIC COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name ELIZABETH R CAMPBELL

Mailing Address 429 S FAIRFAX ST  
ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-683-4579

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ELIZABETH R CAMPBELL

Mailing Address 429 S FAIRFAX ST  
ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent SUSAN B KELLOM

Mailing Address 219 S FAIRFAX ST  
ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

CHAIR Telephone number 703-548-9273

20030320044

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUN TRUST BANK

Mailing Address

515 KING ST

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

*JAD*  
 PREPARER

12/26/06  
 DATE PREPARED

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