

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)

GD FL STE 2

ALEXANDRIA

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@alexdeems.org

Optional Second E-Mail Address

office@alexdeems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://www.alexdeems.org/

2. DATE

MM / DD / YYYY
04 / 24 / 2024

3. FEC IDENTIFICATION NUMBER ▶

C 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 Smith, Chalin, A., Ms.,

Signature of Treasurer Smith, Chalin, A., Ms.,

Date

MM / DD / YYYY
04 / 24 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (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 _____

Party Committee:

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

ALEXANDRIA DEMOCRATIC COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DEMOCRATIC PARTY OF VIRGINIA

Mailing Address

919 EAST MAIN STREET

SUITE 2050

RICHMOND

VA

23219

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

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 Smith, Chalin, A., Ms.,

Mailing Address 912 N. Overlook Drive

Alexandria

VA

22305

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

treasurer

Telephone number 703 - 447 - 9139

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 Smith, Chalin, A., Ms.,

Mailing Address 912 N. Overlook Drive

Alexandria

VA

22305

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

treasurer

Telephone number 703 - 447 - 9139

Full Name of Designated Agent

Alfaro, Ricardo, , ,

Mailing Address

3821 Watkins Mill Dr

Alexandria

VA

22304

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Vice Chair Finance

Telephone number

787

249

3285

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.

Burke & Herbert Bank & Trust Co

Mailing Address

1705 Fern Street

Alexandria

VA

22302

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲