



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.																																																							
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Committee Information	Friends of Charniele Herring Name of Candidate Campaign Committee PO Box 11779 Street Address/PO Box Suite # Alexandria VA 22312 City State Zip Code info@charnieleherring.com (703) 606-9705 Email Address Daytime Phone # https://www.charnieleherring.com Campaign Website																																																							
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Treasurer Information				
Treasurer Information	Mr.	Rickard	Zachary	Oliver
	Salutation	Last Name	First Name	Middle Name Suffix
	5300 Holmes Run Pkwy			Apt 508
	Residence Address			Apt #
	Alexandria			VA 22304
	City			State Zip Code
	Alexandria City			068690113
County or City of Residence			Voter Identification #	
zach@charnieleherring.com			(703) 606-9705	
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				
Truist Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria		VA		
City		State		
Alexandria		VA		
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>08/29/2008</u>		
	Date first expenditure made:	<u>10/15/2008</u>		
	Date campaign depository designated:	<u>06/14/2011</u>		
	Date filing fee paid for party nomination:	<u>01/01/2012</u>		
	Date Statement of Qualification filed:	<u>01/01/2012</u>		
	Date treasurer appointed:	<u>06/14/2011</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 type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor NGP VAN, Inc. (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p style="text-align: right;">03/31/2023 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>_____ Candidate's Signature</p> <p style="text-align: right;">03/31/2023 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>_____ Treasurer's Signature</p> <p style="text-align: right;">03/31/2023 Date</p>