



**Statement of Organization
CANDIDATE**

CITY OF ALEXANDRIA

FEB 11 2009

**VOTER REGISTRATION
ELECTORAL BOARD**

New Candidate

Amended Statement

*Please read instructions before completing this form.

Campaign Committee's Mailing Address			
Campaign Committee's Mailing Address	FRIENDS OF PHIL CEFARATTI		
	Name of Candidate Campaign Committee		
	CITY COUNCIL - ALEXANDRIA		5/5/09
	Office Sought	District (if one)	Political Party
	3812 GRIFFITH PL		
	Street Address/PO Box		Suite #
ALEXANDRIA, VA		22304	
City		State	Zip
			703-371-7601
Email Address		Daytime Phone #	
Candidate's Information			
Candidate Information	MR. CEFARATTI		D. PHIL
	Mr./Ms.	Last Name	First Name
	3812 GRIFFITH PL		4/1/64
	Residence Address		Date of Birth
	ALEXANDRIA VA		22304
	City		State
PHILCEF@VERIZON.NET		ALEXANDRIA	Zip
Email Address		Daytime Phone #	
		703-371-7601	
Treasurer Information			
Treasurer's Name and Address	MS. ANTONINI		ANNA
	Mr./Ms.	Last Name	First Name
	3812 GRIFFITH PL		11/19/84
	Residence Address		Date of Birth
	ALEXANDRIA VA		22304
	City		State
anna.cantonini@gmail.com		ALEXANDRIA	Zip
Email Address		Daytime Phone #	
		703.999.2059	
Campaign Depository			
PNC BANK 4513 DUKE ST			
ALEXANDRIA, VA 22304			
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)	



Statement of Organization CANDIDATE

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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; text-align: center;"> <p>_____ Candidate's Signature</p> </div> <div style="width: 35%; text-align: center;"> <p>1/28/09</p> <p>_____ Date</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; text-align: center;"> <p>_____ Treasurer's Signature</p> </div> <div style="width: 35%; text-align: center;"> <p>1/28/09</p> <p>_____ Date</p> </div> </div>
Filing Method	
Electronic Filing Agreement	<p><input type="checkbox"/> Electronic Filer - 1, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to electronically file using Virginia's <i>VA Filing</i> Program.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to use an SBE Approved Vendor</p> <p style="margin-left: 40px;">_____ (Please Enter Name of Vendor)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p>_____ Signature</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ Date</p> </div> </div> <p><input checked="" type="checkbox"/> Paper Filer - 1, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at anytime the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p>_____ Signature</p> </div> <div style="width: 45%; text-align: center;"> <p>1/28/09</p> <p>_____ Date</p> </div> </div>