



**Statement of Organization
CANDIDATE**

AUG 28 2008

New Candidate

Amended Statement

*Please read instructions before completing this form.

Campaign Committee's Mailing Address			
Campaign Committee's Mailing Address	Friends of Charniele Herring		
	Name of Candidate Campaign Committee		
	House of Delegates	46th	Democrat
	Office Sought	District (if one)	Political Party
	715 N. Ashton Street		Date of Election
	Street Address/PO Box		Suite #
Alexandria VA		22312	
City State		Zip	
herringfordelegate@gmail.com		703-300-9473	
Email Address		Daytime Phone #	
Candidate's Information			
Candidate Information	Herring	Charniele	9/25/69
	Mr. (Ms.)	Last Name	First Name
	715 N. Ashton Street		
	Residence Address		
	Suite #		
Alexandria VA		22312	Alexandria
City State		Zip	County or City
Cherringlaw@yahoo.com		703-300-9473	
Email Address		Daytime Phone #	
Treasurer Information			
Treasurer's Name and Address	Herring	Carolyn	5/9/40
	Mr. (Ms.)	Last Name	First Name
	715 N. Ashton Street		
	Residence Address		
	Suite #		
Alexandria VA		22312	Alexandria
City State		Zip	County or City
JCBrooks62@gmail.com		703-658-2305	
Email Address		Daytime Phone #	
Campaign Depository			
SunTrust Bank 1460 N Beauregard St. Alexandria VA 22311			
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> <p style="text-align: center;"> 8/27/08 </p> <p style="display: flex; justify-content: space-between;">Candidate's SignatureDate</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;"> 8/27/08 </p> <p style="display: flex; justify-content: space-between;">Treasurer's SignatureDate</p>
Filing Method	
Electronic Filing Agreement	<p><input checked="" type="checkbox"/> Electronic Filer - I, 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 checked="" 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> <p style="text-align: center;"> 8/27/08 </p> <p style="display: flex; justify-content: space-between;">SignatureDate</p> <p><input type="checkbox"/> Paper Filer - I, 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> <p style="text-align: center;"> _____ Date </p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>



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	Name of Candidate Campaign Committee		
	House of Delegates	46 th	Democrat
	Office Sought	District (if one)	Political Party
	715 N. Ashton Street		11/3/09
	Street Address/PO Box		Date of Election
Alexandria	VA	22312	
City	State	Zip	
herringfordelegate@gmail.com		703-300-9473	
Email Address	Daytime Phone #		
Candidate's Information			
Candidate Information	Herring		Charniele
	Mr./Ms.	Last Name	First Name
	715 N. Ashton Street		
	Residence Address		
	Alexandria	VA	22312
	City	State	Zip
Cherringlaw@yahoo.com		Alexandria	
Email Address	Daytime Phone #		
		703-300-9473	
Treasurer Information			
Treasurer's Name and Address	Herring		Carolyn
	Mr./Ms.	Last Name	First Name
	715 N. Ashton Street		
	Residence Address		
	Alexandria	VA	22312
	City	State	Zip
JCBrooks62@gmail.com		Alexandria	
Email Address	Daytime Phone #		
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