Virginia State Board of Elections

Commonwealth of Virginia

Statement of Organization
CANDIDATE

CITY OF ALEXANDRIA
DEC - 8 2011
VOTER REGISTRATION

/ ☐ New Candidate ☐ Amended Statement

*Please read instructions before completing this form.

Campaign Committee's Mailing Address

Campaign Committee's Mailing Address

Friends of Fannon
Name of Candidate Campaign Committee

City Council | Republican | 11/06/12
Office Sought | District (if one) | Political Party | Date of Election

P.O. Box 1219
Street Address/PO Box | Suite #

Alexandria, VA 22313
City | State | Zip

frank.fannon@gmail.com | (703) 861-1864
Email Address | Daytime Phone #

Candidate's Information

Candidate Information

Mr. Fannon Frank
Mr./Ms. | Last Name | First Name

1105 Duke Street
Residence Address | Suite #

Alexandria, VA 22314 Alexandria
City | State | Zip | County or City

frank.fannon@gmail.com | (703) 861-1864
Email Address | Daytime Phone #

Treasurer Information

Treasurer's Name and Address

Mr. Marston Chris
Mr./Ms. | Last Name | First Name

110 Shooters CT
Residence Address | Suite #

Alexandria, VA 22314
City | State | Zip | County or City

chris.marston@gmail.com | 571-482-7690
Email Address | Daytime Phone #

Campaign Depository

Burke and Herbert 621 King Street, Alexandria, VA 22314	
Primary Financial Institution and Address	Secondary Financial Institution and Address (if applicable)

Statement of Organization
CANDIDATE

Signatures

Candidate's Signature

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 *Code of Virginia*). 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 *Code of Virginia*. 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.

Candidate's Signature: _____ Date: 12-1-11

Treasurer's Signature

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 *Code of Virginia*). 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 *Code of Virginia* 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.

Treasurer's Signature: _____ Date: 12/5/11

Filing Method

Electronic Filing Agreement

☒ 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.

☒ I intend to electronically file using Virginia's *VAFiling* Program.

☐ I intend to use an SBE Approved Vendor

_____
(Please Enter Name of Vendor)

Signature: _____ Date: 12/5/11

☐ 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 any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.

Signature: _____ Date: _____