



CITY OF ALEXANDRIA

JUL 05 2018

Voter Registration
Electoral Board

Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1"> <tr> <th>Date Changes Took Effect</th> <th>Issued Committee ID</th> </tr> <tr> <td>06/28/2018</td> <td></td> </tr> </table>		Date Changes Took Effect	Issued Committee ID	06/28/2018	
Date Changes Took Effect	Issued Committee ID				
06/28/2018					

Committee Information	
Committee Information	Name of Candidate Campaign Committee Friends of Meagan Alderton
	Street Address/PO Box 346 Cloudes Mill Drive
	City Alexandria
	State VA
	Zip Code 22304
Email Address meagan.alderton@kw.com	Daytime Phone # 240-416-0310
Campaign Website	

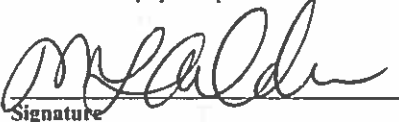

Candidate Information	
Candidate Information	Salutation Mrs.
	Last Name Alderton
	First Name Meagan
	Middle Name Lorraine
	Suffix
	Residence Address 346 Cloudes Mill Drive
	Apt #
City Alexandria, VA	State VA
County or City of Residence Alexandria City	Zip Code 22304
Email Address meagan.alderton@kw.com	Voter Identification # 218-15-5905
Email Address meagan4schoolboard@gmail.com	Daytime Phone # 240-416-0310
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.	

Election Information	
Election Information	Office Sought School Board.
	District (if one) C
	Year of Election 2018
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election	



Treasurer Information				
Treasurer Information	Croft	Ann	M	
	Salutation	Last Name	First Name	Middle Name Suffix
	4709 Richmarr Pl.			
	Residence Address		Apt #	
	Alexandria		VA	22304
	City	State	Zip Code	
Alexandria		017618692		
County or City of Residence		Voter Identification #		
annmCroft@hotmail.com		202-256-4231		
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				
Burke and Herbert		N/A		
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria, VA				
City	State	City	State	
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:	06/21/2018		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	06/28/2018		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	06/07/2018		
Date treasurer appointed:	06/07/2018			



Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p> Signature</p> <p style="text-align: right;"><u>07/04/18</u> 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 Department 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;">_____ 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 Department 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;"><u>7/4/18</u> Date</p>