



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization

Candidate **CITY OF ALEXANDRIA**

MAY 20 2015

VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

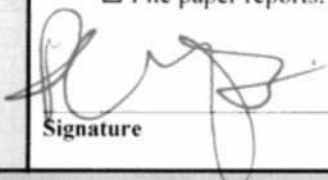
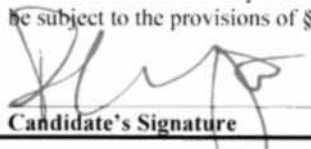
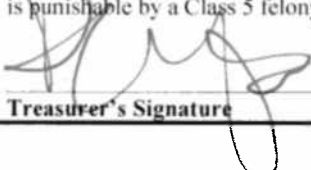
Type of Statement	
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended statement of organization.
Committee Information	
Committee Information	<div style="font-size: 1.2em; font-family: cursive;">FRIENDS OF PHIL CEFARATTI</div> Name of Candidate Campaign Committee
	<div style="font-size: 1.2em; font-family: cursive;">3812 GRIFFITH PL</div> Street Address/PO Box
	<div style="font-size: 1.2em; font-family: cursive;">ALEXANDRIA</div> City
	<div style="font-size: 1.2em; font-family: cursive;">VA</div> State
	<div style="font-size: 1.2em; font-family: cursive;">22304</div> Zip Code
<div style="font-size: 1.2em; font-family: cursive;">PHILCEF@VERIZON.NET</div> Email Address	
<div style="font-size: 1.2em; font-family: cursive;">703-371-7601</div> Daytime Phone #	
Campaign Website	
Candidate Information	
Candidate Information	<div style="font-size: 1.2em; font-family: cursive;">CEFARATTI DOMINIC PHILIP</div> Salutation Last Name First Name Middle Name Suffix
	<div style="font-size: 1.2em; font-family: cursive;">3812 GRIFFITH PLACE</div> Residence Address
	<div style="font-size: 1.2em; font-family: cursive;">ALEXANDRIA</div> City
	<div style="font-size: 1.2em; font-family: cursive;">VA</div> State
	<div style="font-size: 1.2em; font-family: cursive;">22304</div> Zip Code
	<div style="font-size: 1.2em; font-family: cursive;">CITY OF ALEXANDRIA</div> County or City of Residence
	<div style="font-size: 1.2em; font-family: cursive;">PHILCEF@VERIZON.NET</div> Email Address
<div style="font-size: 1.2em; font-family: cursive;">703-371-7601</div> Daytime Phone #	
<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	<div style="font-size: 1.2em; font-family: cursive;">CITY COUNCIL</div> Office Sought
	<div style="font-size: 1.2em; font-family: cursive;">INDEPENDENT</div> Political Party
	<div style="font-size: 1.2em; font-family: cursive;">2015</div> Year of Election
District (if one)	
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
Type of Election	



Treasurer Information					
Treasurer Information	CEFRATTI PHIL				
	Salutation	Last Name	First Name	Middle Name Suffix	
	3812 GRIFFITH PL				
	Residence Address		Apt #		
	ALEXANDRIA		VA	22304	
	City	State		Zip Code	
	City of ALEXANDRIA				
County or City of Residence			Voter Identification #		
PHIL CEF@VERIZON.NET			703-371-7601		
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					
PNC					
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:			N/A	
	Date first expenditure made:			N/A	
	Date campaign depository designated:			N/A	
	Date filing fee paid for party nomination:			N/A	
	Date statement of qualification filed:				
	Date treasurer appointed:			5/19/15	

(continued on next page)



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 SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature  _____ Date <u>5/19/15</u></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  _____ Date <u>5/19/15</u></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  _____ Date <u>5/19/15</u></p>