

Statement of Organization
CANDIDATE

New Candidate

Amended Statement

*Please read instructions before completing this form.

Francis H. Fannon IV			
Name of Candidate Campaign Committee			
City Council		AlexCity Rep.	5-5-09
Office Sought	District (if one)	Political Party	Date of Election
PO Box 1219			
Street Address/PO Box		Suite #	
Alexandria VA		22313	
City	State	Zip	
frank.fannon@gmail.com		703-519-2845	
Email Address		Daytime Phone #	

Mr. Frank Fannon	Francis	11-7-68
Mr./Ms.	Last Name	First Name
1105 Duke St		
Residence Address		
Alexandria VA		22314
City	State	Zip
Frank.Fannon@SunTrust.com		703-861-1864
Email Address		Daytime Phone #

Mr. Villar	John	03/30/1969
Mr./Ms.	Last Name	First Name
714 N. Hensley St		
Residence Address		
Alexandria VA		22314
City	State	Zip
johnc-vr@ yahoo.com or johnvillar@nrc.com		Alexandria
Email Address		Daytime Phone #
		703-589-8386

Burke & Herbert 1775 Jamieson Ave Alex VA 22314	
Primary Financial Institution and Address	Secondary Financial Institution and Address (if applicable)



Statement of Organization CANDIDATE

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

12-22-08
Date

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

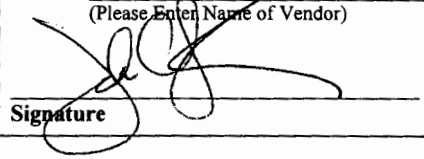
12-22-08
Date

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 *VA Filing* Program.

I intend to use an SBE Approved Vendor

(Please Enter Name of Vendor)


Signature

12-22-08
Date

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.

Signature

Date