



## Statement of Organization CANDIDATE CAMPAIGN COMMITTEE

Type of Statement						
<input checked="" type="checkbox"/> NEW  This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization.					
	Date Changes Took Effect	Issued Committee ID				
Committee Information						
Committee Information	Friends of Michael Clinkscale For City Council					
	Name of Candidate Campaign Committee					
	325 Wilkes Street					
	Street Address/PO Box		Suite #			
	Alexandria	VA	22314			
	City	State	Zip Code			
Clinkscale4citycouncil@gmail.com		(570) 396-4771				
Email Address		Daytime Phone #				
N/A						
Campaign Website						
Candidate Information						
Candidate Information	Mr.	Clinkscale	Michael	S	Esq.	
	Salutation	Last Name	First Name	Middle Name	Suffix	
	930 North Henry Street					
	Residence Address			Apt #		
	Alexandria	VA	22314			
	City	State	Zip Code			
	Alexandria		005043556			
	County or City of Residence		Voter Identification #			
andropop@yahoo.com		(202) 281-4942				
Email Address		Daytime Phone #				
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information						
Election Information	City Council					
	Office Sought			District (if one)		
	Republican	2018	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special	
	Political Party	Year of Election	Type of Election			



Treasurer Information					
<b>Treasurer Information</b>	Mrs. Marrs (Beeman) Andrea		Lanae		
	Salutation	Last Name	First Name	Middle Name	Suffix
	325 Wilkes Street				
	Residence Address			Apt #	
	Alexandria		VA		22314
	City		State		Zip Code
Alexandria			312427902		
County or City of Residence			Voter Identification #		
andimarrs@gmail.com			(570) 396-4771		
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					
BB&T					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria		VA			
City		State			
City		State			
Committee Activity					
<b>Dates of Activity</b>	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:		5/7/18		
	Date filing fee paid for party nomination:		N/A		
	Date Statement of Qualification filed:		4/26/18		
Date treasurer appointed:		5/7/18			

