



*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. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Committee Information					
Committee Information	Daria 4 School Board Name of Candidate Campaign Committee				
	5235 Harold Second St Street Address/PO Box				
	Alexandria VA 22304 City State Zip Code				
	dillard4schoolboard@gmail.com Email Address				
	N/A Daytime Phone #				
Campaign Website					
Candidate Information					
Candidate Information	Dillard Daria Sidhette Salutation Last Name First Name Middle Name Suffix				
	5235 Harold Second St. Residence Address				
	Alexandria VA 22304 City State Zip Code				
	Alexandria 919999499 County or City of Residence Voter Identification #				
	dillard.daria@gmail.com 703-786-4577 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	School Board C Office Sought District (if one)				
	2015 Year of Election				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				

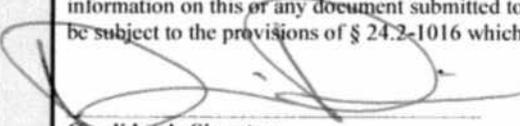
CITY OF ALEXANDRIA
VOTER REGISTRATION ELECTORAL BOARD
JUN 09 2015



Treasurer Information					
Treasurer Information	Hammond Lisa Jean				
	Salutation	Last Name	First Name	Middle Name	Suffix
	295 S. Pickett St				
	Residence Address			Apt #	
	Alexandria		VA	22304	
	City	State		Zip Code	
	Alexandria		920298189		
County or City of Residence			Voter Identification #		
1 Hammond88@gmail.com			703-413-3825		
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					
Wells Fargo Bank, NA					
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:	6/9/15			
	Date first expenditure made:	N/A			
	Date campaign depository designated:	6/8/15			
	Date filing fee paid for party nomination:				
	Date statement of qualification filed:				
Date treasurer appointed:	6/8/15				

(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 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 checked="" type="checkbox"/> File paper reports.</p> <p> Signature</p> <p><u>6/8/15</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 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</p> <p><u>6/8/15</u> 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 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</p> <p><u>6/8/15</u> Date</p>