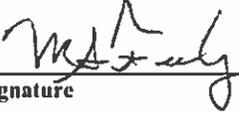
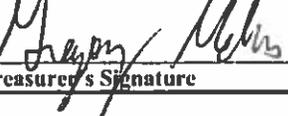




Treasurer Information	
Treasurer Information	Mr. Melus Gregory Javier Salutation Last Name First Name Middle Name Suffix
	415 Cameron St. Apt. 5 Residence Address Apt #
	Alexandria VA 22314 City State Zip Code
	Alexandria County or City of Residence
	amelus@ascalonlex.com Email Address
	449283540 Voter Identification #
	703-485-7717 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 & Herbert Bank 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: <u>2/5/18</u> ^{made} <u>1/25/18</u>
	Date first expenditure made: <u>1/25/18</u>
	Date campaign depository designated: <u>2/5/18</u>
	Date filing fee paid for party nomination: <u>N/A</u>
	Date Statement of Qualification filed: <u>N/A</u>
Date treasurer appointed: <u>2/11/18</u>	



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 style="text-align: center;">  _____ Signature </p> <p style="text-align: center;"> _____ 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 style="text-align: center;">  _____ Candidate's Signature </p> <p style="text-align: center;"> _____ 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 style="text-align: center;">  _____ Treasurer's Signature </p> <p style="text-align: center;"> _____ Date </p>