



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization

Candidate

CITY OF ALEXANDRIA

JUN 08 2015

*Please read instructions before completing this form.

VOTER REGISTRATION
ELECTORAL BOARD

Type of Statement					
<input 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	Goff for School Board B
	Name of Candidate Campaign Committee
	1313 Bishop Lane
	Street Address/PO Box Suite #
	Alex VA 22302
City State Zip Code	
WGOFF1950@aol.com 7033700094	
Email Address Daytime Phone #	
Campaign Website	

Candidate Information	
Candidate Information	Goff Mimi Louise
	Salutation Last Name First Name Middle Name Suffix
	1313 Bishop Lane
	Residence Address Apt #
	Alexandria VA 22302
	City State Zip Code
ALEXANDRIA 706021931	
County or City of Residence Voter Identification #	
W Goff 1950 @ AOL.com 703-282-4752	
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.	

Election Information	
Election Information	School Board B
	Office Sought District (if one)
	✓ 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special
Political Party Year of Election Type of Election	



Treasurer Information					
Treasurer Information	Mr. Goff	William	Alfred		
	Salutation	Last Name	First Name	Middle Name	
	1313 Bishop Lane			n/a	Apt #
	Alexandria		VA	22302	
	City	State		Zip Code	
	Alexandria		County or City of Residence		
	WGoff1950@gmail.com		103-447-6832		
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					
Bank of America					
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:	6-1-15			
	Date filing fee paid for party nomination:	n/a			
	Date statement of qualification filed:	6-1-15			
Date treasurer appointed:	6-1-15				

(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>6-1-15 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>6/1/15 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>6-1-15 Date</p>