



\*Please read instructions before completing this form.

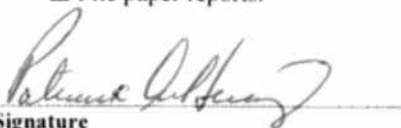

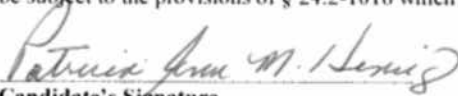

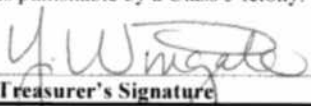

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended statement of organization.				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td>3/23/15</td> <td></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	3/23/15	
Date Changes Took Effect	SBE-issued Committee ID				
3/23/15					
Committee Information					
Committee Information	Name of Candidate Campaign Committee Pat HENNING FOR SCHOOL BOARD				
	Street Address/PO Box 451 N. ARCHISTEAD ST. #4				
	City ALEXANDRIA				
	State VA				
	Zip Code 22312				
Email Address ① patriciahenningvs19@gmail.com ② henningforschoolboard@gmail.com	Daytime Phone # 703-850-7537				
Campaign Website N/A					
Candidate Information					
Candidate Information	Salutation MRS				
	Last Name HENNING				
	First Name PATRICIA-ANN				
	Middle Name MARIE				
	Suffix				
	Residence Address 451 N. ARCHISTEAD ST. #4				
City ALEXANDRIA	State VA				
County or City of Residence CITY OF ALEXANDRIA	Zip Code 22312				
Email Address patriciahenningvs19@gmail.com	Voter Identification # 702026043				
	Daytime Phone # 703-850-7537				
<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	Office Sought School Board				
	District (if one) C				
	Political Party N/A				
	Year of Election 2015				
	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		Wingate	Volanda		Ms
	Residence Address		Apt #		
	301 N. Beauford Street				
	City		State	Zip Code	
	Alexandria, VA			22312	
	City of ALEXANDRIA		057258406		
County or City of Residence		Voter Identification #			
vwingate7@aol.com		917-518-1069			
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					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
SUNTRUST					
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:	4/2/12			
	Date first expenditure made:	6/13/12			
	Date campaign depository designated:	4/1/12			
	Date filing fee paid for party nomination:	N/A			
	Date statement of qualification filed:	3/25/16			
	Date treasurer appointed:	3/23/15			

(continued on next page)



Filing Method	
<b>Filing Method</b>	<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 style="text-align: right;"> Date</p>
Signatures	
<b>Candidate's Signature</b>	<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 style="text-align: right;"> Date</p>
<b>Treasurer's Signature</b>	<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 style="text-align: right;"> Date</p>