



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

MAY 30 2012

*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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">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	<i>Friends of Chris Lewis</i>				
	Name of Candidate Campaign Committee				
	<i>5500 Holmes Run Parkway #1518</i>				
	Street Address/PO Box Suite #				
	<i>Alexandria VA 22304</i>				
City State Zip Code					
<i>chrislewisforschoolboard@gmail.com 703-300-2370</i>					
Email Address Daytime Phone #					
Campaign Website					
Candidate Information					
Candidate Information	<i>Lewis Christopher Joseph</i>				
	Salutation Last Name First Name Middle Name Suffix				
	<i>5500 Holmes Run Parkway #1518</i>				
	Residence Address Apt #				
	<i>Alexandria VA 22304</i>				
	City State Zip Code				
	<i>Alexandria 494339265</i>				
County or City of Residence Voter Identification #					
<i>christopherjlewis13@gmail.com 703-300-2370</i>					
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	<i>Alexandria City School Board District C</i>				
	Office Sought District (if one)				
	<i>N/A 2012</i>				
Political Party Year of Election					
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
Type of Election					




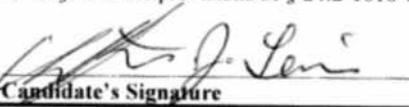
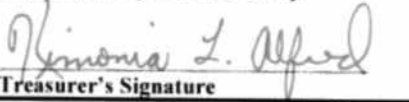
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Treasurer Information	
Treasurer Information	Ms. Alfred Kimonia LaRose
	Salutation Last Name First Name Middle Name Suffix
	6030 Archstone Court, #203
	Residence Address Apt #
	Alexandria VA 22310
	City State Zip Code
	Fairfax County 733341748
County or City of Residence Voter Identification #	
Kimonia.alfred@gmail.com (301) 704-1263	
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	
Burke and Herbert	
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> N/A </u>
	Date first expenditure made: <u> N/A </u>
	Date campaign depository designated: <u> May 29, 2012 </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> May 29, 2012 </u>

(continued on next page)



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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.</p> <p><input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) <u>Excel</u></p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;">  Signature </p> <p style="text-align: right;"> <u>May 30, 2012</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 style="text-align: center;">  Candidate's Signature </p> <p style="text-align: right;"> <u>May 30, 2012</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 style="text-align: center;">  Treasurer's Signature </p> <p style="text-align: right;"> <u>5/29/12</u> Date </p>