



## Statement of Organization CANDIDATE COMMITTEE

\*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.		
	Date Changes Took Effect	SBE-issued Committee ID	
	12/30/2013	CC-12-00955	
Committee Information			
Committee Information	Friends of Chris Lewis		
	Name of Candidate Campaign Committee		
	5500 Holmes Run Parkway		# 1518
	Street Address/PO Box		Suite #
	Alexandria	VA	22304
	City	State	Zip Code
chrislewisforschoolboard@gmail.com		703-300-2370	
Email Address		Daytime Phone #	
Campaign Website			
Candidate Information			
Candidate Information	Mr. Lewis	Chris	Joseph
	Salutation	Last Name	First Name
	5500 Holmes Run Parkway		# 1518
	Residence Address		Apt #
	Alexandria	VA	22304
	City	State	Zip Code
	Alexandria City		494339265
	County or City of Residence		Voter Identification #
chrislewisforschoolboard@gmail.com		703-300-2370	
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 District C		Election - District C
	Office Sought		District (if one)
	Independent	2015	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election



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Treasurer Information					
<b>Treasurer Information</b>	<i>Miss</i>	<i>Jones</i>	<i>Monika</i>	<i>Le'Shae Denise</i>	
	Salutation	Last Name	First Name	Middle Name Suffix	
	<i>220 Century Place</i>		<i># 3323</i>		
	Residence Address		Apt #		
	<i>Alexandria</i>	<i>VA</i>	<i>22304</i>		
	City	State	Zip Code		
	<i>Alexandria city</i>		<i>919419056</i>		
	County or City of Residence		Voter Identification #		
<i>Monika.l.jones@gmail.com</i>		<i>804-502-8861</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.					
Campaign Depository					
<i>Burke and Herbert Bank</i>					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
<i>Alexandria</i>	<i>VA</i>				
City	State	City	State		
Committee Activity					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		_____		
	Date first expenditure made:		_____		
	Date campaign depository designated:		<i>5/29/2012</i>		
	Date filing fee paid for party nomination:		_____		
	Date Statement of Qualification filed:		_____		
	Date treasurer appointed:		<i>5/29/2012</i>		

(continued on next page)



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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 checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input checked="" type="checkbox"/> File paper reports. - <i>for this statement of organization only</i></p> <p style="text-align: center;"> <span style="margin-right: 100px;">Signature</span> <span>Date <u>7/20/14</u></span> </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 style="text-align: center;"> <span style="margin-right: 100px;">Candidate's Signature</span> <span>Date <u>7/26/14</u></span> </p>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> 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;"> <span style="margin-right: 100px;">Treasurer's Signature</span> <span>Date <u>7/20/14</u></span> </p>