



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



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Treasurer Information					
Treasurer Information	<i>Miss</i>	<i>Jones</i>	<i>Monika</i>	<i>Le'Shae Denise</i>	
	Salutation	Last Name	First Name	Middle Name	
	Residence Address		Apt #		
	<i>200 Century Place</i>		<i># 3323</i>		
	City	State	Zip Code		
	<i>Alexandria</i>	<i>VA</i>	<i>22304</i>		
	County or City of Residence		Voter Identification #		
	<i>Alexandria city</i>		<i>919419056</i>		
Email Address		Daytime Phone #			
<i>Monika.l.jones@gmail.com</i>		<i>804-502-8861</i>			
<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)			
<i>Burke and Herbert Bank</i>					
City	State	City	State		
<i>Alexandria</i>	<i>VA</i>				
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:		_____		
	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	
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 SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (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;"> Signature Date <u>7/20/14</u> </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 Date <u>7/26/14</u> </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 Date <u>7/20/14</u> </p>