



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA
 FEB 20 2013
VOTER REGISTRATION
ELECTORAL BOARD

*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.																																												
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Committee Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Friends of Chris Lewis</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Name of Candidate Campaign Committee</td> </tr> <tr> <td style="border-bottom: 1px solid black;">5500 Holmes Run Pkwy</td> <td style="border-bottom: 1px solid black;">#1518</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Street Address/PO Box</td> <td style="border-bottom: 1px solid black;">Suite #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Alexandria</td> <td style="border-bottom: 1px solid black;">VA</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ChrisLewisForSchoolBoard@gmail.com</td> <td style="border-bottom: 1px solid black;">703-300-2370</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Email Address</td> <td style="border-bottom: 1px solid black;">Daytime Phone #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">www.lewis4acps.org</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Campaign Website</td> </tr> </table>	Friends of Chris Lewis		Name of Candidate Campaign Committee		5500 Holmes Run Pkwy	#1518	Street Address/PO Box	Suite #	Alexandria	VA	City	State	ChrisLewisForSchoolBoard@gmail.com	703-300-2370	Email Address	Daytime Phone #	www.lewis4acps.org		Campaign Website																									
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Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Miss Jones	Monika	Le'shae Denise		
	Salutation Last Name	First Name	Middle Name	Suffix	
	145 Century Drive		# 5118		
	Residence Address		Apt #		
	Alexandria	VA	22304		
	City	State	Zip Code		
	Alexandria city		919419056		
County or City of Residence		Voter Identification #			
Monika.l.jones@gmail.com		804-502-8861			
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 & Herbert Bank					
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:	_____			
	Date first expenditure made:	_____			
	Date campaign depository designated:	5/29/2012			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	_____			
	Date treasurer appointed:	12/31/2012			

(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 type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p>_____ Date <u>2/3/13</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>_____ Candidate's Signature</p> <p>_____ Date <u>2/3/13</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>_____ Treasurer's Signature</p> <p>_____ Date <u>2/3/13</u></p>