



* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization for ALEXANDRIA
Candidate

AUG 13 2015

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. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td></td> <td>CC-12-10955</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID		CC-12-10955
Date Changes Took Effect	SBE-issued Committee ID				
	CC-12-10955				
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					
Chris@lewis4acps.org Email Address	703-300-2370 Daytime Phone #				
Lewis4ACPS.org Campaign Website					
Candidate Information					
Mr. Lewis Christopher Joseph Salutation Last Name First Name Middle Name Suffix					
5500 Holmes Run Parkway #1518 Residence Address Apt #					
Alexandria VA 22304 City State Zip Code					
Alexandria City County or City of Residence	494 339 265 Voter Identification #				
Chris@lewis4acps.org Email Address	703-300-2370 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					
School Board District C Office Sought District (if one)	Election - District C				
Independent Political Party	2015 Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information					
Treasurer Information	Ms.	Garrett	Lateisha	Joe'l	
	Salutation	Last Name	First Name	Middle Name	
	200 Luna Park Dr		133		
	Residence Address		Apt #		
	Alexandria		VA		22305
	City		State		Zip Code
	City of Alexandria		920 397 760		
	County or City of Residence		Voter Identification #		
l.garrett01@yahoo.com		202-550-4618			
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 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:	_____			
	Date filing fee paid for party nomination:	_____			
	Date statement of qualification filed:	_____			
	Date treasurer appointed:	_____			

(continued on next page)



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="checked" 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="checked" type="checkbox"/> File paper reports.</p> <p><u> <i>J. Garrett</i> </u> Signature</p> <p align="right"><u> 07-27-15 </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><u> <i>[Signature]</i> </u> Candidate's Signature</p> <p align="right"><u> 07-28-15 </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><u> <i>J. Garrett</i> </u> Treasurer's Signature</p> <p align="right"><u> 07-27-15 </u> Date</p>