



**Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE**

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department 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%;">Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Friends of Michael Mebrahtu</div> Name of Candidate Campaign Committee				
	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">244 S Reynolds</div> Street Address/PO Box				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alexandria</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">VA</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">22304</div> </div> City State Zip Code				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">mmebraza@gmail.com</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">(703) 624-1300</div> </div> Email Address Daytime Phone #				
	Campaign Website				
Candidate Information					
Candidate Information	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mr.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mebrahtu</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Michael</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> </div> Salutation Last Name First Name Middle Name Suffix				
	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">244 S Reynolds Street</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Apt 412</div> Residence Address Apt #				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alexandria</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Virginia</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">22304</div> </div> City State Zip Code				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Stafford County</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">920078286</div> </div> County or City of Residence Voter Identification #				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">mmebra2@gmail.com</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">703-624-1300</div> </div> 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	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alexandria City Council</div> Office Sought District (if one)				
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Independent</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2021</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special </div> </div> Political Party Year of Election Type of Election				
	(Empty row for additional information)				



Treasurer Information				
Treasurer Information	Mr. Mebrante Michael			
	Salutation	Last Name	First Name	Middle Name Suffix
	244 S. Reynolds Street		412	
	Residence Address		Apt #	
	Alexandria		VA	22301
	City		State	Zip Code
	Alexandria		920078286	
County or City of Residence		Voter Identification #		
mmebra2@gmail.com		703-624-1300		
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				
NASA Federal Credit Union				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Falls Church	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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	N/A		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	N/A		
	Date treasurer appointed:	N/A		



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p>M.M. <input checked="" type="checkbox"/> File paper reports.</p> <p style="text-align: center;"> _____ Signature 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 Department 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 </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 Department 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 </p>