

## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

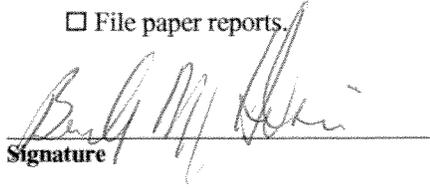
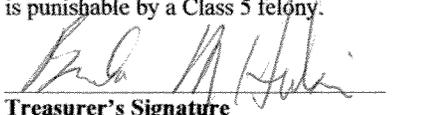
Type of Statement																															
<input type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization.																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;"><b>02/21/2015</b></td> <td style="text-align: center;"><b>CC-15-00127</b></td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	<b>02/21/2015</b>	<b>CC-15-00127</b>																										
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<b>Committee Information</b>	<b>Friends of Monique Miles</b> Name of Candidate Campaign Committee <b>PO Box 26141</b> Street Address/PO Box <span style="float: right;">Suite #</span> <b>Alexandria</b> <span style="float: right;"><b>VA</b> <b>22313</b></span> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <b>supporter@moniquemiles.com</b> Email Address <span style="float: right;">Daytime Phone #</span> <b>moniquemiles.com</b> Campaign Website																														
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## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
<b>Treasurer Information</b>		<b>Hankins</b>	<b>Brenda</b>		
	Salutation	Last Name	First Name	Middle Name	
	<b>1422 Woodbine St.</b>				
	Residence Address		Apt #		
	<b>Alexandria</b>		<b>VA 22302</b>		
	City		State	Zip Code	
	<b>ALEXANDRIA CITY</b>		<b>919217636</b>		
County or City of Residence		Voter Identification #			
<b>brenda@electioncfo.com</b>		<b>571-989-3769</b>			
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					
<b>Chain Bridge Bank</b>					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
<b>McLean VA</b>					
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:	_____			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	_____			
Date treasurer appointed:	<b>02/19/2015</b>				

(continued on next page)

# Statement of Organization CANDIDATE COMMITTEE

<b>Filing Method</b>	
<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 type="checkbox"/> File paper reports.</p> <p style="margin-top: 20px;">   <b>Signature</b> </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</u>  <b>Date</b> </p>
<b>Signatures</b>	
<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="margin-top: 20px;">   <b>Candidate's Signature</b> </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</u>  <b>Date</b> </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="margin-top: 20px;">   <b>Treasurer's Signature</b> </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</u>  <b>Date</b> </p>