

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

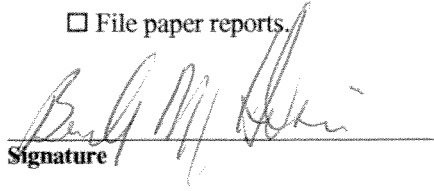

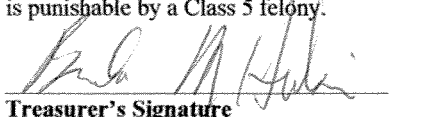
Type of Statement																															
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.																														
Committee Information																															
Committee Information	Friends of Monique Miles																														
	Name of Candidate Campaign Committee																														
	PO Box 26141																														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Street Address/PO Box</td> <td style="width: 40%; border: none;">Suite #</td> </tr> <tr> <td style="border: none;">Alexandria</td> <td style="border: none;">VA</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> </tr> <tr> <td style="border: none;">supporter@moniquemiles.com</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">moniquemiles.com</td> <td style="border: none;">22313</td> </tr> </table>	Street Address/PO Box	Suite #	Alexandria	VA	City	State	supporter@moniquemiles.com	Zip Code	moniquemiles.com	22313																				
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Campaign Website																															
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Treasurer Information					
Treasurer Information		Hankins	Brenda		
	Salutation	Last Name	First Name	Middle Name	
	1422 Woodbine St.				
	Residence Address		Apt #		
	Alexandria		VA	22302	
	City		State	Zip Code	
	ALEXANDRIA CITY		919217636		
County or City of Residence		Voter Identification #			
brenda@electioncfo.com		571-989-3769			
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					
Chain Bridge Bank					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
McLean					
City		State	City		
		VA			
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:	02/19/2015				

(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 style="margin-top: 20px;">  Signature </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</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 style="margin-top: 20px;">  Candidate's Signature </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</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 style="margin-top: 20px;">  Treasurer's Signature </p> <p style="margin-left: 500px; margin-top: 20px;"> <u>2/23/15</u> Date </p>