



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

| Type of Statement | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|----------------|-------------------------|------------|-----------------------|
| <input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-15-00127 | <input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID | | | | |
| Date Changes Took Effect | SBE-issued Committee ID | | | | | | |
| | | | | | | | |
| Committee Information | | | | | | | |
| Committee Information | Friends of Monique Miles | | | | | | |
| | Name of Candidate Campaign Committee | | | | | | |
| | PO Box 26141 | | | | | | |
| | Street Address/PO Box | | | | | | |
| | Alexandria | | | | | | |
| | City | | | | | | |
| supporter@moniquemiles.com | | | | | | | |
| Email Address | | | | | | | |
| moniquemiles.com | | | | | | | |
| Campaign Website | | | | | | | |
| Candidate Information | | | | | | | |
| Candidate Information | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Miles</td> <td style="width: 33%; text-align: center;">Monique</td> <td style="width: 33%; text-align: center;">Antonia</td> </tr> <tr> <td style="text-align: center;">Salutation Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name Suffix</td> </tr> </table> | Miles | Monique | Antonia | Salutation Last Name | First Name | Middle Name Suffix |
| | Miles | Monique | Antonia | | | | |
| | Salutation Last Name | First Name | Middle Name Suffix | | | | |
| | 1500 Woodbine St | | | | | | |
| | Residence Address | | | | | | |
| | Alexandria | | | | | | |
| | City | | | | | | |
| | ALEXANDRIA CITY | | | | | | |
| County or City of Residence | | | | | | | |
| supporter@moniquemiles.com | | | | | | | |
| Email Address | | | | | | | |
| VA | | | | | | | |
| State | | | | | | | |
| 22302 | | | | | | | |
| Zip Code | | | | | | | |
| 918210752 | | | | | | | |
| Voter Identification # | | | | | | | |
| 571-243-1318 | | | | | | | |
| 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 | Member City Council | | | | | | |
| | Alexandria City | | | | | | |
| | Office Sought | | | | | | |
| | Republican | | | | | | |
| Political Party | | | | | | | |
| 2015 | | | | | | | |
| Year of Election | | | | | | | |
| <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | | | | | | |
| Type of Election | | | | | | | |



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|-------------------|--|
| Treasurer Information | Hankins | Brenda | Marie | | |
| | 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 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: | | | 02/19/2015 | |

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

| 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="text-align: center;"> 2/21/15 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> 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 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="text-align: center;"> 2/21/15 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> 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 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="text-align: center;"> 2/19/15 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> Treasurer's Signature Date </p> |