



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 #							
(703) 717-9461 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							



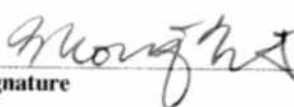
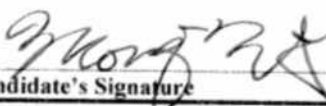
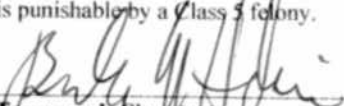
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Treasurer Information					
Treasurer Information	Hankins	Brenda	Marie		
	Salutation	Last Name	First Name	Middle Name	
	1422 Woodbine St.				
	Residence Address			Apt #	
	Alexandria			VA	22302
	City			State	Zip Code
	ALEXANDRIA CITY			919217636	
County 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: <u>02/19/2015</u>				

(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="text-align: center;">  _____ 2/21/15 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 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 Treasurer's Signature Date </p>