



CITY OF ALEXANDRIA

APR 08 2019

Voter Registration
Electoral Board

Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td>04/05/2019</td> <td></td> </tr> </table>		Date Changes Took Effect	Issued Committee ID	04/05/2019	
Date Changes Took Effect	Issued Committee ID				
04/05/2019					
Committee Information					
Committee Information	FRIENDS OF BEN ORTIZ Name of Candidate Campaign Committee				
	108 N. ALFRED STREET Street Address/PO Box				
	ALEXANDRIA City				
	VA State				
	22314 Zip Code				
	vote@benortiz.org Email Address				
www.benortiz.org Campaign Website					
571-241-6995 Daytime Phone #					
Candidate Information					
Candidate Information	ORTIZ BENJAMIN JR Salutation Last Name First Name Middle Name Suffix				
	4854 EISENHOWER AVENUE Residence Address				
	ALEXANDRIA City				
	CITY OF ALEXANDRIA County or City of Residence				
	VA State				
	22304 Zip Code				
	www.ben.ortz@gmail.com Email Address				
571-241-6995 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	CLERK OF COURT Office Sought				
	DEMOCRAT Political Party				
	2019 Year of Election				
November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information					
Treasurer Information	MENDOZA	MYRA	VANESSA		
	Salutation	Last Name	First Name	Middle Name Suffix	
	7963 PEBBLE BROOK COURT				
	Residence Address		Apt #		
	SPRINGFIELD		VA	22153	
	City		State	Zip Code	
	FAIRFAX COUNTY		918312232		
	County or City of Residence		Voter Identification #		
myramendoza@stognerlaw.com		703-548-2663			
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					
BURKE & HERBERT BANK					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
ALEXANDRIA	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:	02/12/2019			
	Date first expenditure made:	02/15/2019			
	Date campaign depository designated:	02/27/2019			
	Date filing fee paid for party nomination:	03/11/2019			
	Date Statement of Qualification filed:	03/27/2019			
	Date treasurer appointed:	02/12/2019			



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><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p style="text-align: right;">04/08/19 _____ 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>_____ Candidate's Signature</p> <p style="text-align: right;">04/08/19 _____ 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>_____ Treasurer's Signature</p> <p style="text-align: right;">04/08/19 _____ Date</p>