





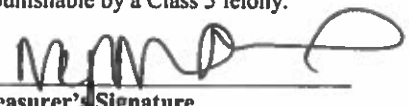
Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement																																																												
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.																																																											
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	108 N. ALFRED STREET Street Address/PO Box																																																											
	ALEXANDRIA City																																																											
	VA 22314 State Zip Code																																																											
	vote@benortiz.org Email Address																																																											
	www.benortiz.org Campaign Website																																																											
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Treasurer Information					
Treasurer Information	MENDOZA	MYRA	VANESSA		
	Salutation	Last Name	First Name	Middle Name Suffix	
	7963 PEBBLE BROOK COURT			Apt #	
	SPRINGFIELD		VA	22153	
	City	State	Zip Code		
	FAIRFAX		918312232		
	County or City of Residence		Voter Identification #		
mylamendoza		stagnerlaw.com		(703) 622-7418	
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					
NOT YET		NOT YET			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
NOT YET		NOT YET			
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:	02/12/19			
	Date first expenditure made:	NOT YET			
	Date campaign depository designated:	NOT YET			
	Date filing fee paid for party nomination:	NOT YET			
	Date Statement of Qualification filed:	NOT YET			
	Date treasurer appointed:	02/12/19			



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 <u></u> Date <u>02/18/19</u></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 <u></u> Date <u>2/19/19</u></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 <u></u> Date <u>2/19/19</u></p>