



CITY OF ALEXANDRIA

\* VIRGINIA \*  
DEPARTMENT of ELECTIONS

Statement of Organization  
For  
Candidate Campaign Committee

NOV 01 2017

Voter Registration  
Electoral Board

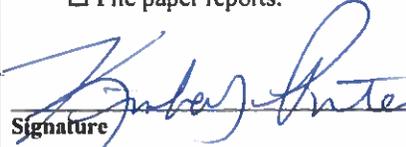
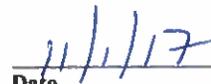
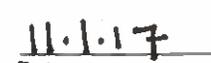
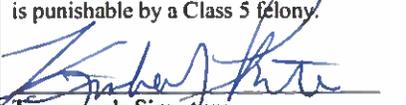
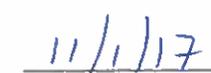
### Statement of Organization CANDIDATE CAMPAIGN COMMITTEE

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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Treasurer Information				
Treasurer Information	Putens Kimberly Michelle			
	Salutation	Last Name	First Name	Middle Name Suffix
	7824 Southdown Rd.			
	Residence Address		Apt #	
	Alexandria	VA	22308	
	City	State	Zip Code	
Fairfax		918418152		
County or City of Residence		Voter Identification #		
kputens@hotmail.com		202-297-9090		
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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	Nov 1, 2017		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	N/A		
Date treasurer appointed:	Nov 1, 2017			



<b>Filing Method</b>	
<b>Filing Method</b>	<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;">             Date         </div> </div>
<b>Signatures</b>	
<b>Candidate's Signature</b>	<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Candidate's Signature         </div> <div style="text-align: center;">             Date         </div> </div>
<b>Treasurer's Signature</b>	<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Treasurer's Signature         </div> <div style="text-align: center;">             Date         </div> </div>