



Statement of Organization CANDIDATE COMMITTEE

OCT 20 2017

Voter Registration
Electoral Board

*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-17-00715	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.			
	Date Changes Took Effect	SBE-issued Committee ID		
Committee Information				
Committee Information	FRIENDS OF MO SEIFELLDEIN			
	Name of Candidate Campaign Committee			
	4921 SEMINARY RD		1530	
	Street Address/PO Box		Suite #	
	ALEXANDRIA		47	22311
	City		State	Zip Code
	info@moseif4council.com		571-399-6061	
	Email Address		Daytime Phone #	
	http://www.moseif4council.com			
	Campaign Website			
Candidate Information				
Candidate Information	Mr.	SEIFELDEIN	Mohamed	E
	Salutation	Last Name	First Name	Middle Name
	4921 SEMINARY RD.		1530	
	Residence Address		Apt #	
	ALEXANDRIA		47	22311
	City		State	Zip Code
	ALEXANDRIA CITY		277906266	
	County or City of Residence		Voter Identification #	
moseifava@gmail.com		703-778-6841		
	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.			
Election Information				
Election Information	Member City Council		Alexandria City	
	Office Sought		District (if one)	
	Democratic	2018	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
	Political Party	Year of Election	Type of Election	



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Treasurer Information				
Treasurer Information	Mr.	BABA	Moayad	ELHAJ
	Salutation	Last Name	First Name	Middle Name Suffix
	6300 STEVENSON AVE		311	
	Residence Address		Apt #	
	ALEXANDRIA		47	22304
	City		State	Zip Code
	ALEXANDRIA CITY		019117784	
	County or City of Residence		Voter Identification #	
Moayadbaba@gmail.com		571-383-1644		
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				
M&T Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
FALLS CHURCH				
47				
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:	<u>10/04/2017</u>		
	Date first expenditure made:	_____		
	Date campaign depository designated:	<u>10/05/2017</u>		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	<u>10/20/2017</u>		
	Date treasurer appointed:	<u>10/20/2017</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;"> 10/20/2017 </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;"> 10/20/2017 </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;"> 10/20/2017 </p> <p style="display: flex; justify-content: space-between; margin: 0;"> Treasurer's Signature Date </p>