



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <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 Allison Silberberg <small>Name of Candidate Campaign Committee</small>				
	1544 Mount Eagle Place <small>Street Address/PO Box</small>				
	Alexandria <small>City</small>				
	Virginia <small>State</small>				
	22302 <small>Zip Code</small>				
	allison@allisonsilberberg.com <small>Email Address</small>				
www.allisonsilberberg.com <small>Campaign Website</small>					
703-379-5565 <small>Daytime Phone #</small>					
Candidate Information					
Candidate Information	Ms. Silberberg Allison <small>Salutation Last Name First Name Middle Name Suffix</small>				
	1544 Mount Eagle Place <small>Residence Address</small>				
	Alexandria <small>City</small>				
	Virginia <small>State</small>				
	22302 <small>Zip Code</small>				
	Alexandria <small>County or City of Residence</small>				
	allison@allisonsilberberg.com <small>Email Address</small>				
703-379-5565 <small>Daytime Phone #</small>					
<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	City Council <small>Office Sought</small>				
	Democrat <small>Political Party</small>				
	2015 <small>Year of Election</small>				
<div style="display: flex; justify-content: space-between;"> <span>District (if one)</span> <span> <input checked="" type="checkbox"/> November                             <input type="checkbox"/> May                             <input type="checkbox"/> Special                         </span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Type of Election</span> </div>					



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
<b>Treasurer Information</b>	Ms. Pidikiti-Smith <sup>Jipti</sup>				
	Salutation	Last Name	First Name	Middle Name	
	5300 Holmes Run Parkway			Unit 1511	
	Residence Address			Apt #	
	Alexandria		Virginia		
	City		State		
	22304		Zip Code		
Alexandria		803966880			
County or City of Residence		Voter Identification #			
dpidikiti@gmail.com		703-329-7989			
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					
(on Eisenhower in Alex)					
U.S. Senate Federal Credit Union					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria		Virginia			
City		State			
<th style="text-align: center; padding: 5px;">Committee Activity</th>					Committee Activity
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		03/14/12		
	Date first expenditure made:		03/16/12		
	Date campaign depository designated:		03/12/12		
	Date filing fee paid for party nomination:		03/19/12		
	Date Statement of Qualification filed:		03/26/12		
	Date treasurer appointed:		03/15/12		

(continued on next page)



## Statement of Organization CANDIDATE COMMITTEE

Filing Method	
<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 <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p>
Signatures	
<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 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;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> 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;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin: 0 auto;"></span> </p>