



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%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">08/29/2016</td> <td style="text-align: center;">CC-15-00270</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	08/29/2016	CC-15-00270
Date Changes Took Effect	SBE-issued Committee ID				
08/29/2016	CC-15-00270				
Committee Information					
Committee Information	Friends of Allison Silberberg. Name of Candidate Campaign Committee				
	1544 Mount Eagle Place Street Address/PO Box				
	Alexandria Suite # 22302 City State Zip Code				
	allison@allisonsilberberg.com Daytime Phone # 7033950006 Email Address				
	www.allisonsilberberg.com Campaign Website				
	(Empty row for additional information)				
Candidate Information					
Candidate Information	Ms. Silberberg Allison Salutation Last Name First Name Middle Name Suffix				
	1544 Mount Eagle Place Residence Address Apt #				
	Alexandria State VA Zip Code 22302 City State Zip Code				
	ALEXANDRIA CITY Voter Identification # 709020663 County or City of Residence				
	allison@allisonsilberberg.com Daytime Phone # 7033950006 Email Address				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
	(Empty row for additional information)				
Election Information					
Election Information	Mayor 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				
	(Empty row for additional information)				
	(Empty row for additional information)				



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Treasurer Information					
Treasurer Information	Mr.	Wright	George	Christopher	
	Salutation	Last Name	First Name	Middle Name Suffix	
	3739 Taft Ave.				
	Residence Address			Apt #	
	Alexandria			VA	22304
	City			State	Zip Code
	ALEXANDRIA CITY			919751365	
	County or City of Residence			Voter Identification #	
cwright@vtwlaw.com			7038695277		
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					
United States Senate Federal Credit Union					
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:	<u>03/01/2015</u>			
	Date first expenditure made:	<u>02/26/2015</u>			
	Date campaign depository designated:	<u>02/26/2015</u>			
	Date filing fee paid for party nomination:	<u>03/09/2015</u>			
	Date Statement of Qualification filed:	<u>03/06/2015</u>			
	Date treasurer appointed:	<u>03/06/2015</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;"> _____ </p> <p style="text-align: right;"> 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;"> _____ </p> <p style="text-align: right;"> 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;"> _____ </p> <p style="text-align: right;"> Date </p>