



Statement of Organization CANDIDATE COMMITTEE

FEB 23 2021

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-21-00170	<input 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> </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 Meronne				
	Name of Candidate Campaign Committee				
	PO Box 22244				
	Street Address/PO Box Suite #				
	Alexandria VA 22304				
	City State Zip Code				
info@meronneforcouncil.com 571-408-1037					
Email Address Daytime Phone #					
meronneforcouncil.com					
Campaign Website					
Candidate Information					
Candidate Information	Ms. Teklu Meronne E.				
	Salutation Last Name First Name Middle Name Suffix				
	6301 STEVENSON AVE 1108				
	Residence Address Apt #				
	ALEXANDRIA VA 22304				
	City State Zip Code				
	Alexandria City 463737292				
County or City of Residence Voter Identification #					
hello@meronneforcouncil.com (571) 408-1037					
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				
	Office Sought District (if one)				
	Democratic 2021 <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.	Faine	Govan	Paul
	Salutation	Last Name	First Name	Middle Name
				Suffix
	6301 STEVENSON AVE			1108
	Residence Address			Apt #
	ALEXANDRIA			VA
				22304
City			State	Zip Code
Alexandria City			033539739	
County or City of Residence			Voter Identification #	
govan@meronneforcouncil.com			(504) 920-6766	
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				
TD 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:	02/20/2021		
	Date campaign depository designated:	02/20/2021		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	02/22/2021		
	Date treasurer appointed:	02/14/2021		

(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="margin-top: 20px;"><u>Meroune Sekou</u> Signature</p> <p style="margin-left: 400px;"><u>02/20/21</u> 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="margin-top: 20px;"><u>Meroune Sekou</u> Candidate's Signature</p> <p style="margin-left: 400px;"><u>02/20/21</u> 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="margin-top: 20px;"><u>[Signature]</u> Treasurer's Signature</p> <p style="margin-left: 400px;"><u>02/20/21</u> Date</p>