



**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.				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Friends of Heather R. Thornton				
	Name of Candidate Campaign Committee				
	5280 Duke St., APT. 201				
	Street Address/PO Box				
	Alexandria				
	City				
VA					
State					
22304					
Zip Code					
703-887-5560					
Daytime Phone #					
campaign@voteheatherthornton.com					
Email Address					
www.voteheatherthornton.com					
Campaign Website					
Candidate Information					
Candidate Information	Thornton Heather Rochelle				
	Salutation Last Name First Name Middle Name Suffix				
	5280 Duke St., APT. 201				
	Residence Address				
	Alexandria				
	City				
	VA				
	State				
22304					
Zip Code					
Alexandria					
County or City of Residence					
340454912					
Voter Identification #					
campaign@voteheatherthornton.com					
Email Address					
703-887-5560					
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	School Board				
	Office Sought				
	C				
District (if one)					
N/A					
Political Party					
2018					
Year of Election					
<input checked="" type="checkbox"/> November					
<input type="checkbox"/> May					
<input type="checkbox"/> Special					
Type of Election					



Treasurer Information				
Treasurer Information	Yates Arlene Frances			
	Salutation	Last Name	First Name	Middle Name
	5810 Wescott Hills Way			
	Residence Address			Apt #
	Alexandria	VA	22315	
	City	State	Zip Code	
	Fairfax	918996736		
County or City of Residence		Voter Identification #		
campaign@voteheatherthornton.com		703-967-2542		
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				
PNC Bank			N/A	
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:	5/22/2018		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	5/30/2018		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	5/30/2018		
Date treasurer appointed:	5/22/2018			



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 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> <p style="text-align: center;"> <u>Nate Harte</u> Signature <u>5-30-2018</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 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> <p style="text-align: center;"> <u>Nate Harte</u> Candidate's Signature <u>5-30-2018</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 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> <p style="text-align: center;"> <u>Debra J. Yates</u> Treasurer's Signature <u>5-30-2018</u> Date </p>