



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement						
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <b>CC-15-00262</b>	<input type="checkbox"/> <b>AMENDED</b>  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	<b>TONG FOR VIRGINIA</b>					
	Name of Candidate Campaign Committee					
	<b>629 Tivoli Passage</b>					
	Street Address/PO Box					
	Suite #					
	<b>22314</b>					
City	State	Zip Code				
<b>Alexandria</b>	<b>VA</b>	<b>22314</b>				
Email Address	Daytime Phone #					
<b>clarence.tong@gmail.com</b>						
Campaign Website						
Candidate Information						
Candidate Information	<b>Tong</b>	<b>Clarence</b>	<b>K.</b>			
	Salutation	Last Name	First Name	Middle Name	Suffix	
	<b>629 Tivoli Passage</b>					
	Residence Address		Apt #			
	<b>Alexandria</b>		<b>VA 22314</b>			
	City		State			Zip Code
	<b>ALEXANDRIA CITY</b>		<b>322801876</b>			
	County or City of Residence		Voter Identification #			
<b>clarence.tong@gmail.com</b>		<b>2679688319</b>				
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 House Of Delegates		House Of Delegates - 45th District			
	Office Sought		District (if one)			
	<b>Democratic</b>		<b>2015</b>			
	Political Party		Year of Election			
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
		Type of Election				



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Treasurer Information					
Treasurer Information	Jones	Monika	L.		
	Salutation	Last Name	First Name	Middle Name	
	220 Century Place		3323		
	Residence Address		Apt #		
	Alexandria		VA		22304
	City		State		Zip Code
	ALEXANDRIA CITY		919419506		
County or City of Residence			Voter Identification #		
monika.l.jones@gmail.com			8045028861		
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					
Wells Fargo					
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:	_____			
	Date first expenditure made:	_____			
	Date campaign depository designated:	03/18/2015			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	03/18/2015			
Date treasurer appointed:	03/18/2015				

(continued on next page)



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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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Signature</p> </div> <div style="text-align: center;"> <p>3/22/15 _____ Date</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Candidate's Signature</p> </div> <div style="text-align: center;"> <p>3/22/15 _____ Date</p> </div> </div>
<b>Treasurer's Signature</b>	<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>3/22/15 _____ Date</p> </div> </div>