



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Mr	Jones	Dennis	L.	
	Salutation	Last Name	First Name	Middle Name	
	608 S View Terrace				
	Residence Address		Apt #		
	Alexandria		VA	22314	
	City		State	Zip Code	
	ALEXANDRIA CITY		701022832		
County or City of Residence			Voter Identification #		
dennis.jones@comcast.net			703-989-3310		
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					
Virginia Commerce 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:	05/09/2007			
	Date first expenditure made:	05/15/2007			
	Date campaign depository designated:	05/09/2007			
	Date filing fee paid for party nomination:	03/05/2012			
	Date Statement of Qualification filed:	03/09/2012			
	Date treasurer appointed:	05/09/2007			

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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;"> Signature Date <u>4/25/2014</u> </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;"> Candidate's Signature Date <u>4/25/2014</u> </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;"> Treasurer's Signature Date <u>21 Apr 2014</u> </p>