

Commonwealth of Virginia

Statement of Organization CANDIDATE

DEC - 8 2011

☐ New Candidate

*Please read instructions before completing this form.

這達西方不多奇	Campaign Committee's Ma	illing Address		
Campaign Committee's Mailing Address	Friends of Fannon Name of Candidate Campaign Committee			
	City Council Office Sought District (if one)	Republican Political Party	11/06/12 Date of Election	
	Street Address/PO Box Alexandria Other	Suite # 2 2313 Zip		
	City State Frank. Fannon Gamail. Com Email Address	703)86/ Daytime Phone #	-1864	
Candidate's Information				
Candidate Information	Mr. Fannon Mr./Ms. Last Name	Frank First Name		
	1105 Duke Street Residence Address	Suite #	A.J	
	Alexandria, VA City State Frank.fannon@gmail.com Email Address	Zip (703) 86	Alexandria County or City	
	Treasurer Informa	THE RESIDENCE OF THE PROPERTY		
Treasurer's Name and Address	Mr./Ms. Last Name	Chr; S First Name		
	110 Shooters CT Residence Address	Suite #		
		22314		
	Alexandria, VA City State Chris. marston @gmail.com Email Address	223 14 Zip 571 - 48	County or City	
	Email Address	Daytime i none #		
Campaign Depository				
Burke and Herbert				
621 King Street, Alexandria, VA				
Primary Financial Institution and Address 32314 Secondary Financial Institution and Address (if applicable)				

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Statement of Organization CANDIDATE

	Signatures		
Candidate's Signature	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 Code of Virginia). 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 Code of Virginia. 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.		
	Cardidate's Signature Date		
	Canonate's Signature Date		
Treasurer's Signature	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 Code of Virginia). 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 penaltics will be assessed in the manner required by the Code of Virginia 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.		
	and he was to be		
	12/5/11		
	Treasurer's Signature Date		
一种一种的	Filling Method		
	Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.		
	I intend to electronically file using Virginia's VAFIling Program.		
· · · · · · · · · · · · · · · · · · ·	1 intend to use an SBE Approved Vendor		
Electronic Paing Agreement	(Please Enter Name of Vendor)		
	Signature Date		
	☐ Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.		
\$ C			
	Signature Date		