



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" 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 style="text-align: center;">01/07/2018</td> <td style="text-align: center;">CC-17-00715</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	01/07/2018	CC-17-00715
Date Changes Took Effect	SBE-issued Committee ID				
01/07/2018	CC-17-00715				
Committee Information					
Committee Information	FRIENDS OF MO SEIFELDEIN				
	Name of Candidate Campaign Committee				
	4921 SEMINARY RD 1530				
	Street Address/PO Box Suite #				
	ALEXANDRIA VA 22311				
	City State Zip Code				
info@moseif4council.com 571-399-6061					
Email Address Daytime Phone #					
http://www.moseif4council.com					
Campaign Website					
Candidate Information					
Candidate Information	Mr. SEIFELDEIN Mohamed E				
	Salutation Last Name First Name Middle Name Suffix				
	4921 SEMINARY RD. 1530				
	Residence Address Apt #				
	ALEXANDRIA VA 22311				
	City State Zip Code				
	ALEXANDRIA CITY 277906266				
	County or City of Residence Voter Identification #				
moseifava@gmail.com 5713857325					
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 Alexandria City				
	Office Sought District (if one)				
	Democratic 2018 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party Year of Election Type of Election				



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Mr.	Elrayah	Elmoghira	K	
	Salutation	Last Name	First Name	Middle Name Suffix	
	5126 Harford Lane				
	Residence Address			Apt #	
	Burke		VA	22015	
	FAIRFAX COUNTY		081007868	Zip Code	
	County or City of Residence		Voter Identification #		
elmoghira2008@hotmail.com			571-385-7325		
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					
M&T Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
FALLS CHURCH 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:	<u>10/04/2017</u>			
	Date first expenditure made:	<u>10/08/2017</u>			
	Date campaign depository designated:	<u>10/05/2017</u>			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	<u>10/20/2017</u>			
	Date treasurer appointed:	<u>10/20/2017</u>			

(continued on next page)



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><u>Seifeldin</u> Signature</p> <p><u>02/07/2018</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><u>Seifeldin</u> Candidate's Signature</p> <p><u>02/07/2018</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><u>[Signature]</u> Treasurer's Signature</p> <p><u>1-7-2018</u> Date</p>