



CITY OF ALEXANDRIA  
MAR 23 2021  
Voter Registration  
Electoral Board

Statement of Organization  
CANDIDATE CAMPAIGN COMMITTEE

Type of Statement	
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.
Date Changes Took Effect	Issued Committee ID
Committee Information	
Committee Information	Friends of Mark Shiffer Name of Candidate Campaign Committee
	408 Cloverway Dr Street Address/PO Box
	Alexandria City
	VA State
	22314 Zip Code
	mark@markshiffer.info Email Address
markshiffer.info Campaign Website	617-953-7059 Daytime Phone #
Candidate Information	
Candidate Information	Shiffer Mark Leo Salutation Last Name First Name Middle Name Suffix
	408 Cloverway Dr Residence Address
	Alexandria City
	VA State
	22314 Zip Code
	Alexandria City County or City of Residence
	mshiffer@gmail.com Email Address
1508 54481 Voter Identification #	
617-953-7059 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	City Council Office Sought
	Democrat Political Party
	2021 Year of Election
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election	



Treasurer Information				
<b>Treasurer Information</b>		Shiffer	Mark	Leo
	<b>Salutation</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b> <b>Suffix</b>
		408 Cloverway Dr		
	<b>Residence Address</b>		<b>Apt #</b>	
		Alexandria	VA	22314
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
		Alexandria City	1508 54481	
	<b>County or City of Residence</b>	<b>Voter Identification #</b>		
	mshiffer@gmail.com	617-953-7059		
	<b>Email Address</b>	<b>Daytime Phone #</b>		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
<b>Name of Primary Financial Institution</b>			<b>Name of Other Financial Institution (if applicable)</b>	
<b>City</b>	<b>State</b>	<b>City</b>	<b>State</b>	
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	6/11/2018		
	Date first expenditure made:	5/17/2018		
	Date campaign depository designated:	5/15/2018		
	Date filing fee paid for party nomination:	3/22/2021		
	Date Statement of Qualification filed:	3/22/2021		
	Date treasurer appointed:	5/15/2018		



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 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>Signature <u>Mark Stipes</u> Date <u>3/23/21</u></p>
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 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>Candidate's Signature <u>Mark Stipes</u> Date <u>3/23/21</u></p>
<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 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>Treasurer's Signature <u>Mark Stipes</u> Date <u>3/23/21</u></p>