

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement							
⊠ NEW		□ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first		This committee is filing an amended Statement of Organization.					
l ing	time.	Date Changes Took Effect	SBE-issued Comm	ittee ID			
CC-13-00201							
	Committee Information						
	Michael N. Herring for Commonwealth's Attorney						
Committee Information	Name of Candidate Campaign Committee						
	4035 North Huguenot Road						
	Street Address/PO Box		Suite #				
	Richmond		VA	23235			
	City		State	Zip Code			
	mikeherring2013@gmail.d	com	(804) 627-2552				
	Email Address		Daytime Phone #				
	Campaign Website						
Candidate Information							
	Herring	Michael	Nehemiah				
	Herring Salutation Last Name	Michael First Name	Nehemiah Middle Name	Suffix			
		First Name		Suffix			
	Salutation Last Name	First Name		Suffix			
Candidate	Salutation Last Name 4035 North Huguenot Roa	First Name	Middle Name	Suffix 23235			
Candidate Information	Salutation Last Name 4035 North Huguenot Roa Residence Address	First Name	Middle Name				
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond	First Name ad	Middle Name Apt #	23235			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City	First Name ad	Middle Name Apt # VA State	23235			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY	First Name ad	Middle Name Apt # VA State 401037288	23235			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence	First Name ad	Middle Name Apt # VA State 401037288 Voter Identification #	23235			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.e	First Name ad	Middle Name Apt # VA State 401037288 Voter Identification # (804) 627-2552 Daytime Phone #	23235 Zip Code			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.e Email Address M By checking this box, I cere	First Name ad	Middle Name Apt # VA State 401037288 Voter Identification # (804) 627-2552 Daytime Phone #	23235 Zip Code			
Information	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.e Email Address M By checking this box, I cere	First Name ad com tify that I am currently registered Election Information	Middle Name Apt # VA State 401037288 Voter Identification # (804) 627-2552 Daytime Phone #	23235 Zip Code			
	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.e Email Address M By checking this box, I cer	First Name ad com tify that I am currently registered Election Information	Middle Name Apt # VA State 401037288 Voter Identification # (804) 627-2552 Daytime Phone # to vote at the address about	23235 Zip Code			
Information	Salutation Last Name 4035 North Huguenot Roa Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.c Email Address By checking this box, I cer	First Name ad com tify that I am currently registered Election Information	Middle Name Apt # VA State 401037288 Voter Identification # (804) 627-2552 Daytime Phone # to vote at the address above E)	23235 Zip Code			

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
Herring	Michael	Nehemiah				
Salutation Last Name	First Name	Middle Name	Suffix			
4035 North Huguenot Road						
Residence Address		Apt#				
Richmond	,	VA	23235			
City	5	State	Zip Code			
RICHMOND CITY	401037288					
County or City of Residence	Voter Identification #					
mikeherring2013@gmail.com	(804) 627-2552					
Email Address	Daytime Phone #					
■ By checking this box, I certify that I am currently registered to vote at the address above.						
Campaign Depository						
Union First Market Bank						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
VA						
State	City	State				
Committee Activity						
Please provide the following dates (If an a	use provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
	-		W1100 1W11)			
Date first contribution accepted:						
Date first expenditure made:	03/20/2013					
Date campaign depository designated	02/26/2013					
	03/20/2013					
Date Statement of Qualification filed:						
Date treasurer appointed:						
	Herring Salutation Last Name 4035 North Huguenot Road Residence Address Richmond City RICHMOND CITY County or City of Residence mikeherring2013@gmail.com Email Address By checking this box, I certify that I am Campaign I orket Bank Financial Institution VA State Committee Please provide the following dates. (If an and Date first expenditure made: Date campaign depository designated Date filling fee paid for party nominal Date Statement of Qualification filed	Herring Michael Salutation Last Name First Name 4035 North Huguenot Road Residence Address Richmond City Strict Residence Michael City County or City of Residence Michael	Herring Michael Nehemiah Salutation Last Name First Name Middle Name 4035 North Huguenot Road Residence Address Apt # Richmond VA City State RICHMOND CITY 401037288 County or City of Residence Voter Identification # mikeherring2013@gmail.com (804) 627-2552 Email Address Daytime Phone # May be checking this box, I certify that I am currently registered to vote at the address abo Campaign Depository Worket Bank Financial Institution Name of Other Financial Institution (if applicated to the provided of the committee Activity Please provide the following dates. (If an action has not yet occurred for this committee, Date first contribution accepted: Date first expenditure made: Date campaign depository designated: Date filing fee paid for party nomination: Date Statement of Qualification filed: Date Statement of Qualification filed:			

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Statement of Organization CANDIDATE COMMITTEE

Filing Method					
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports: **Example The Indicate The Method Service The Indicate The				
	Signature	Date			
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 <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 assum 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.				
	Candidate'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 <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.				
	Treasurer's Signature	Date			



Instructions for Completing This Form

General Guidelines

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- □ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in \$24.2-929 of the <u>Code of Virginia</u>.

Type of Statement

⇒ Check the box that best fits the type of Statement your committee is submitting.

Campaign Committee's Mailing Address

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

Candidate Information

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
 - o This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

Election Information

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
 - o If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

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Instructions for Completing This Form

Treasurer Information

*The Treasurer must be a registered voter in Virginia.

- ⇒ Enter the name of the Treasurer for the campaign committee.
- ⇒ Enter the residence address for the Treasurer.
- ⇒ Enter the candidate's Voter Identification #.
 - o This can be found on the treasurer's voter card or by calling SBE.
- ⇒ Enter the email address of the Treasurer.
- ⇒ Enter the Treasurer's daytime phone number.

Campaign Depository

⇒ Enter the names and addresses of the committee's financial institutions.

*The committee's depository must be in a financial institution within the Commonwealth.

Filing Method

⇒ Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

o Electronic Filing Option

https://cf.elections.virginia.

• If you choose to file electronically, log into the following Web site address:

Approved Vendor Option

If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.virginia.gov/

Signatures

- ⇒ The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- ⇒ The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.