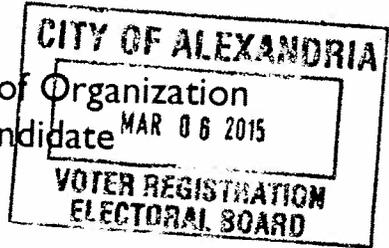




* VIRGINIA *
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate



*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee <i>Friends of Allison Silberberg.</i>				
	Street Address/PO Box <i>1544 Mount Eagle Place</i>				
	Suite # 				
	City <i>Alexandria</i>				
	State <i>VA</i>				
	Zip Code <i>22302</i>				
Email Address <i>allison@allisonsilberberg.com</i>	Daytime Phone # <i>703-395-0006</i>				
Campaign Website <i>www.allison.silberberg.com</i>					
Candidate Information					
Candidate Information	Salutation <i>Ms.</i>				
	Last Name <i>Silberberg</i>				
	First Name <i>Allison</i>				
	Middle Name 				
	Suffix 				
	Residence Address <i>1544 Mount Eagle Place</i>				
	Apt # 				
City <i>Alexandria,</i>					
State <i>VA</i>					
Zip Code <i>22302</i>					
County or City of Residence <i>Alexandria</i>	Voter Identification # <i>709020663</i>				
Email Address <i>allison@allisonsilberberg.com</i>	Daytime Phone # <i>703-395-0006</i>				
<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	Office Sought <i>Mayor of Alexandria</i>				
	District (if one) 				
	Political Party <i>Democratic Party</i>				
Year of Election <i>2015</i>	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

Treasurer Information										
Treasurer Information	Salutation		Last Name		First Name		Middle Name		Suffix	
			Pidikiti Smith		Dipti					
	Residence Address		5300 Holmes Run Parkway		1511		Apt #			
	City		Alexandria		VA		State		22304	
	County or City of Residence		Alexandria		803966880		Voter Identification #			
	Email Address		dpidikiti@gmail.com		202-365-8017		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										
Name of Primary Financial Institution		United States Senate Federal Credit Union		Name of Other Financial Institution (if applicable)						
City Alexandria		State VA		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:		3/1/15							
	Date first expenditure made:		2/26/15							
	Date campaign depository designated:		2/26/15							
	Date filing fee paid for party nomination:		TBD							
	Date Statement of Qualification filed:		3/6/15							
Date treasurer appointed:		3/6/15								

(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>_____ Signature</p> <p style="text-align: right;">3-6-15 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>_____ Candidate's Signature</p> <p style="text-align: right;">3-6-15 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>_____ Treasurer's Signature</p> <p style="text-align: right;">3/6/15 Date</p>