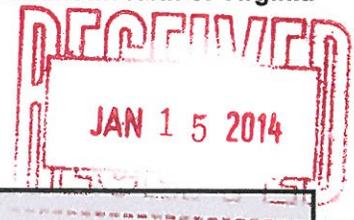




Statement of Organization CANDIDATE COMMITTEE



*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-14-00017	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
	Date Changes Took Effect	SBE-issued Committee ID			
Committee Information					
Committee Information	Friends of Rhonnie Smith				
	Name of Candidate Campaign Committee				
	504 New Britain Drive				
	Street Address/PO Box	Suite #			
	Lynchburg	VA	24503		
	City	State	Zip Code		
Email Address		Daytime Phone #			
rhonniesmth2@gmail.com		434-426-6635			
Campaign Website					
Candidate Information					
Candidate Information	Smith	Rhonnie	Lee		
	Salutation	Last Name	First Name	Middle Name	
	504 New Britain Drive				
	Residence Address		Apt #		
	Lynchburg		VA	24503	
	City		State	Zip Code	
	LYNCHBURG CITY		919411272		
	County or City of Residence		Voter Identification #		
rhonniesmth2@gmail.com		434-426-6635			
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 - At Large		Lynchburg City		
	Office Sought		District (if one)		
	Independent	2014	<input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special		
	Political Party	Year of Election	Type of Election		



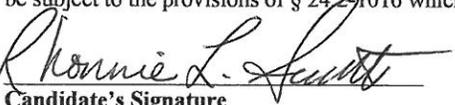
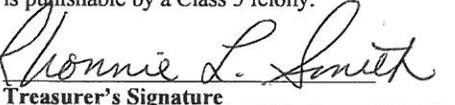
Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Smith	Rhonnie	Lee		
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	
	504 New Britain Drive			<small>Suffix</small>	
	<small>Residence Address</small>		<small>Apt #</small>		
	Lynchburg		VA	24503	
	<small>City</small>		<small>State</small>	<small>Zip Code</small>	
	LYNCHBURG CITY		919411272		
<small>County or City of Residence</small>		<small>Voter Identification #</small>			
rhonniesmth2@gmail.com		434-426-6635			
<small>Email Address</small>		<small>Daytime Phone #</small>			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Select Bank					
<small>Name of Primary Financial Institution</small>		<small>Name of Other Financial Institution (if applicable)</small>			
Lynchburg		VA			
<small>City</small>		<small>State</small>			
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:	01/13/2014			
	Date first expenditure made:	_____			
	Date campaign depository designated:	01/13/2014			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	01/15/2014			
	Date treasurer appointed:	01/13/2014			

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

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 SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <p><u>1-15-2014</u></p> Date </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Candidate's Signature </div> <div style="text-align: center;"> <p><u>1-15-2014</u></p> Date </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Treasurer's Signature </div> <div style="text-align: center;"> <p><u>1-15-2014</u></p> Date </div> </div>