

**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-12-00963	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID						
Date Changes Took Effect	SBE-issued Committee ID								
Committee Information									
Committee Information	Lawhorne for Sheriff Name of Candidate Campaign Committee								
	102 W. Alexandria Avenue Street Address/PO Box								
	Alexandria Suite # City State Zip Code								
	bryanporter57@gmail.com City State Zip Code Email Address Daytime Phone #								
	Campaign Website								
	Daytime Phone #								
Candidate Information									
Candidate Information	<table style="width:100%;"> <tr> <td style="width: 30%; text-align: center;">Lawhorne</td> <td style="width: 30%; text-align: center;">Dana</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Salutation Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> </table>	Lawhorne	Dana			Salutation Last Name	First Name	Middle Name	Suffix
	Lawhorne	Dana							
	Salutation Last Name	First Name	Middle Name	Suffix					
	102 W. Alexandria Avenue Residence Address								
	Alexandria Apt # City State Zip Code								
	ALEXANDRIA CITY State Zip Code County or City of Residence								
	danalawhorne@verizon.net Voter Identification # 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	Sheriff Alexandria City Office Sought District (if one)								
	Democratic 2013 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election								
	Year of Election								
	Type of Election								



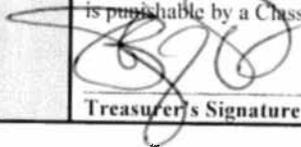
Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Porter	Bryan			
	Salutation	Last Name	First Name	Middle Name	
	1311 N. Van Dorn Street				
	Residence Address		Apt #		
	Alexandria		VA	22304	
	City		State	Zip Code	
	ALEXANDRIA CITY		709022349		
County or City of Residence			Voter Identification #		
bryanporter57@gmail.com			7037464100		
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					
Burke and Herbert Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria			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:	03/15/2005			
	Date first expenditure made:	03/15/2005			
	Date campaign depository designated:	03/15/2005			
	Date filing fee paid for party nomination:	03/15/2005			
	Date Statement of Qualification filed:	03/15/2005			
	Date treasurer appointed:	05/03/2010			

(continued on next page)



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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> <p style="text-align: center;">  _____ Signature </p> <p style="text-align: right;"> _____ 06-03-12 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 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> <p style="text-align: center;">  _____ Candidate's Signature </p> <p style="text-align: right;"> _____ 6/2/12 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 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> <p style="text-align: center;">  _____ Treasurer's Signature </p> <p style="text-align: right;"> _____ 06-03-12 Date </p>