

## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <b>CC-12-00963</b>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <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	<b>Lawhorne for Sheriff</b> Name of Candidate Campaign Committee				
	<b>102 W. Alexandria Avenue</b> Street Address/PO Box				
	<b>Alexandria</b> Suite # City				
	<b>VA</b> State City				
	<b>22301</b> Zip Code City				
	<b>bryanporter57@gmail.com</b> Email Address <b>7037464100</b> Daytime Phone #				
Campaign Website					
Candidate Information					
Candidate Information	<b>Lawhorne</b> Last Name <b>Dana</b> First Name				
	<b>102 W. Alexandria Avenue</b> Residence Address				
	<b>Alexandria</b> City City				
	<b>VA</b> State City				
	<b>22301</b> Zip Code City				
	<b>ALEXANDRIA CITY</b> County or City of Residence <b>703022845</b> Voter Identification #				
	<b>danalawhorne@verizon.net</b> Email Address <b>7037465000</b> 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	<b>Sheriff</b> Office Sought <b>Alexandria City</b> District (if one)				
	<b>Democratic</b> Political Party <b>2013</b> Year of Election				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				
	(Empty space for additional information)				





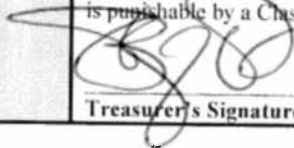
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Treasurer Information					
<b>Treasurer Information</b>	<b>Porter</b>	<b>Bryan</b>			
	Salutation	Last Name	First Name	Middle Name	Suffix
	<b>1311 N. Van Dorn Street</b>				
	Residence Address			Apt #	
	<b>Alexandria</b>			<b>VA</b>	<b>22304</b>
	City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

(continued on next page)



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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 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;">             _____  <b>Signature</b> </p> <p style="text-align: right;">           _____  <b>Date</b> </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 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;">             _____  <b>Candidate's Signature</b> </p> <p style="text-align: right;">           _____  <b>Date</b> </p>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> 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;">             _____  <b>Treasurer's Signature</b> </p> <p style="text-align: right;">           _____  <b>Date</b> </p>