



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement				
<input type="checkbox"/> NEW		<input checked="" type="checkbox"/> AMENDED		
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.		
		Date Changes Took Effect	SBE-issued Committee ID	
		03/28/2015	CC-15-00280	
Committee Information				
Committee Information	Friends of Larry Altenburg			
	Name of Candidate Campaign Committee			
	2308 Mount Vernon Ave		746	
	Street Address/PO Box		Suite #	
	Alexandria		VA	22301
	City		State	Zip Code
	Larry@altenburgfordelegate.net		703-584-7562	
	Email Address		Daytime Phone #	
	www.altenburgfordelegate.net			
	Campaign Website			
Candidate Information				
Candidate Information	Mr	Altenburg	Laurence	M II
	Salutation	Last Name	First Name	Middle Name Suffix
	222 East Del Ray Ave		Apt #	
	Residence Address		Apt #	
	Alexandria		VA	22301
	City		State	Zip Code
	ALEXANDRIA CITY		918055421	
County or City of Residence		Voter Identification #		
Larry@larryaltenburg.net		703-584-7562		
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 House Of Delegates		House Of Delegates - 45th District	
	Office Sought		District (if one)	
	Democratic	2015	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May <input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election	



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Treasurer Information				
Treasurer Information	Mr	Sachs	Daniel	Howard
	Salutation	Last Name	First Name	Middle Name Suffix
	220 E Windsor Ave			
	Residence Address			Apt #
	Alexandria			VA 22301
	City		State	Zip Code
	ALEXANDRIA CITY		918016105	
	County or City of Residence		Voter Identification #	
dsachs@neifeld.com		703-415-0012 x101		
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 & Herbert Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria VA				
City		State	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:	<u>03/27/2015</u>		
	Date first expenditure made:	<u>03/24/2015</u>		
	Date campaign depository designated:	<u>03/25/2015</u>		
	Date filing fee paid for party nomination:	<u>03/24/2015</u>		
	Date Statement of Qualification filed:	<u>03/24/2015</u>		
	Date treasurer appointed:	<u>03/28/2015</u>		

(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;"> </p> <p style="text-align: center;"> </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;"> </p> <p style="text-align: center;"> </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;"> </p> <p style="text-align: center;"> </p>