



## 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-15-00280</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											
<b>Committee Information</b>	<b>Friends of Larry Altenburg</b> Name of Candidate Campaign Committee <b>2308 Mount Vernon Ave</b> <span style="float: right;"><b>746</b></span> Street Address/PO Box <span style="float: right;">Suite #</span> <b>Alexandria</b> <span style="float: right;"><b>VA</b></span> <span style="float: right;"><b>22301</b></span> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <b>Larry@altenburgfordelegate.net</b> <span style="float: right;"><b>703-584-7562</b></span> Email Address <span style="float: right;">Daytime Phone #</span> <b>www.altenburgfordelegate.net</b> Campaign Website										
Candidate Information											
<b>Candidate Information</b>	<table style="width: 100%;"> <tr> <td style="width: 10%;"><b>Mr</b></td> <td style="width: 30%;"><b>Altenburg</b></td> <td style="width: 30%;"><b>Laurence</b></td> <td style="width: 10%;"><b>M</b></td> <td style="width: 10%;"><b>II</b></td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> </table> <b>222 East Del Ray Ave</b> Residence Address <span style="float: right;">Apt #</span> <b>Alexandria</b> <span style="float: right;"><b>VA</b></span> <span style="float: right;"><b>22301</b></span> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <b>ALEXANDRIA CITY</b> <span style="float: right;"><b>918055421</b></span> County or City of Residence <span style="float: right;">Voter Identification #</span> <b>Larry@larryaltenburg.net</b> <span style="float: right;"><b>703-584-7562</b></span> Email Address <span style="float: right;">Daytime Phone #</span> <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.	<b>Mr</b>	<b>Altenburg</b>	<b>Laurence</b>	<b>M</b>	<b>II</b>	Salutation	Last Name	First Name	Middle Name	Suffix
<b>Mr</b>	<b>Altenburg</b>	<b>Laurence</b>	<b>M</b>	<b>II</b>							
Salutation	Last Name	First Name	Middle Name	Suffix							
Election Information											
<b>Election Information</b>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Member House Of Delegates</b></td> <td style="width: 50%;"><b>House Of Delegates - 45th District</b></td> </tr> <tr> <td>Office Sought</td> <td>District (if one)</td> </tr> </table> <b>Democratic</b> <span style="float: right;"><b>2015</b></span> <input checked="" type="checkbox"/> <b>November</b> <input type="checkbox"/> <b>May</b> <input type="checkbox"/> <b>Special</b> Political Party <span style="float: right;">Year of Election</span> <span style="float: right;">Type of Election</span>	<b>Member House Of Delegates</b>	<b>House Of Delegates - 45th District</b>	Office Sought	District (if one)						
<b>Member House Of Delegates</b>	<b>House Of Delegates - 45th District</b>										
Office Sought	District (if one)										



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Treasurer Information				
<b>Treasurer Information</b>	Mr	Altenburg	Laurence	M II
	Salutation	Last Name	First Name	Middle Name Suffix
	222 East Del Ray Ave			
	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.				
Campaign Depository				
Burke & Herbert Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria VA				
City		State	City State	
<b>Committee Activity</b>				
<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:	_____		
	Date first expenditure made:	03/24/2015		
	Date campaign depository designated:	03/25/2015		
	Date filing fee paid for party nomination:	03/24/2015		
	Date Statement of Qualification filed:	03/24/2015		
	Date treasurer appointed:	_____		

(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;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">25 MARCH 2015</span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">Date</span> </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;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">25 MARCH 2015</span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">Date</span> </p>
<b>Treasurer's Signature</b>	<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;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">25 MARCH 2015</span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-left: 50px;"></span> <span style="margin-left: 20px;">Date</span> </p>