



*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.	<input type="checkbox"/> AMENDED 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	Cindy Anderson for School Board Name of Candidate Campaign Committee				
	2709 Valley Drive Street Address/PO Box				
	Alexandria VA 22302 City State Zip Code				
	CindyAnderson4SchoolBoard@gmail.com 703 836-8378 Email Address Daytime Phone #				
	 Campaign Website				
Candidate Information					
Candidate Information	Anderson Cynthia Maxine Salutation Last Name First Name Middle Name Suffix				
	2709 Valley Drive Residence Address				
	Alexandria VA City State Zip Code				
	Alexandria County or City of Residence				
	CindyAnderson4schoolboard@gmail.com 202 425-3735 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	School Board B Office Sought District (if one)				
	N/A 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election				



Treasurer Information	
Treasurer Information	Dr. Theisen Catherine Elizabeth
	Salutation Last Name First Name Middle Name Suffix
	1705 Russell Road
	Residence Address Apt #
	Alexandria VA 22301
	City State Zip Code
	Alexandria City 711022435
County or City of Residence Voter Identification #	
0etuva@yahoo.com 7035854512	
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: N/A
	Date first expenditure made: N/A
	Date campaign depository designated: N/A
	Date filing fee paid for party nomination: N/A
	Date statement of qualification filed: _____
	Date treasurer appointed: 5.20.15

(continued on next page)



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 (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p><i>Cynthia M. Anderson</i> Signature 5/27/15 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><i>Cynthia M. Anderson</i> Candidate's Signature 5/27/15 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><i>Catherine T. Johnson</i> Treasurer's Signature 5-22-15 Date</p>