



\*Please read instructions before completing this form.

| Type of Statement                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                          |                         |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--|--|
| <input checked="" type="checkbox"/> NEW<br><br>This committee is registering with the Virginia State Board of Elections for the first time. | <input type="checkbox"/> AMENDED<br><br>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<br>Name of Candidate Campaign Committee                                                                                                                                                                                                                                                          |                          |                         |  |  |
|                                                                                                                                             | 2709 Valley Drive<br>Street Address/PO Box                                                                                                                                                                                                                                                                                       |                          |                         |  |  |
|                                                                                                                                             | Alexandria VA 22302<br>City State Zip Code                                                                                                                                                                                                                                                                                       |                          |                         |  |  |
|                                                                                                                                             | CindyAnderson4SchoolBoard@gmail.com 703 836-8378<br>Email Address Daytime Phone #                                                                                                                                                                                                                                                |                          |                         |  |  |
|                                                                                                                                             | <br>Campaign Website                                                                                                                                                                                                                                                                                                             |                          |                         |  |  |
| Candidate Information                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                          |                         |  |  |
| Candidate Information                                                                                                                       | Anderson Cynthia Maxine<br>Salutation Last Name First Name Middle Name Suffix                                                                                                                                                                                                                                                    |                          |                         |  |  |
|                                                                                                                                             | 2709 Valley Drive<br>Residence Address                                                                                                                                                                                                                                                                                           |                          |                         |  |  |
|                                                                                                                                             | Alexandria VA<br>City State Zip Code                                                                                                                                                                                                                                                                                             |                          |                         |  |  |
|                                                                                                                                             | Alexandria<br>County or City of Residence                                                                                                                                                                                                                                                                                        |                          |                         |  |  |
|                                                                                                                                             | CindyAnderson4schoolboard@gmail.com 202 425-3735<br>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<br>Office Sought District (if one)                                                                                                                                                                                                                                                                                |                          |                         |  |  |
|                                                                                                                                             | N/A 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special<br>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                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 (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><br/>Signature</p> <p>5/27/15<br/>Date</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><i>Cynthia M. Anderson</i><br/>Candidate's Signature</p> <p>5/27/15<br/>Date</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><i>Catherine T. Johnson</i><br/>Treasurer's Signature</p> <p>5-22-15<br/>Date</p>                                                                                                                                                                                                                                                                                              |