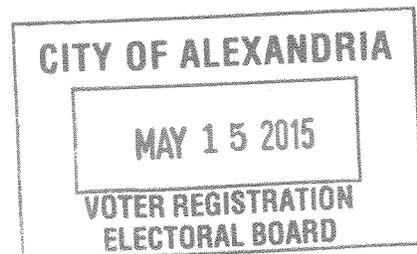




*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department 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%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Andy Bakker for Delegate				
	Name of Candidate Campaign Committee 420 N. Van Dorn St. #313				
	Street Address/PO Box Suite #				
	Alexandria VA 22304 City State Zip Code				
	info@andybakker.com (703) 596-3713 Email Address Daytime Phone #				
	http://www.andybakker.com Campaign Website				
Candidate Information					
Candidate Information	Mr. Bakker Andrew Gerrit Salutation Last Name First Name Middle Name Suffix				
	420 N. Van Dorn St. #313				
	Residence Address Apt #				
	Alexandria VA 22304 City State Zip Code				
	Alexandria 031615207 County or City of Residence Voter Identification #				
	andy@andybakker.com (703) 596-3713 Email Address Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address				
Election Information					
Election Information	Virginia House of Delegates 46 Office Sought District (If one)				
	Libertarian 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	Salutation	PHILLIPS	Justin	THOMAS	
	Last Name		First Name	Middle Name	
	Residence Address		7304 EASTGATE LANE		
	City		VA	22315	
	County or City of Residence		FARRIS		
	Email Address		Justin.phillips529@gmail.com		
		Voter Identification #		152894087	
		Daytime Phone #		202-905-9070	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Wells Fargo					
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:	N/A			
Date treasurer appointed:	2/23/15				

(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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date 2/23/15</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 Department 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>_____ Candidate's Signature</p> <p style="text-align: right;">_____ Date 2/23/15</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 Department 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>_____ Treasurer's Signature</p> <p style="text-align: right;">_____ Date 2/23/15</p>