



* VIRGINIA *
DEPARTMENT of ELECTIONS

CITY OF ALEXANDRIA
Statement of Organization
Campaign 2015
**VOTER REGISTRATION
ELECTORAL BOARD**

*Please read instructions before completing this form.

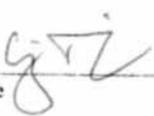
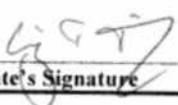
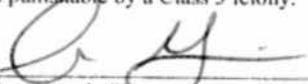
Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Date Changes Took Effect</td> <td>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	FIFER FOR DELEGATE				
	Name of Candidate Campaign Committee				
	904 PRINCE ST, #101				
	Street Address/PO Box				
	ALEXANDRIA				
	City				
info@fiferfordelgate.com					
Email Address					
www.fiferfordelgate.com					
Campaign Website					
Candidate Information					
Candidate Information	MR. FIFER CRAIG TRACHTENBERG				
	Salutation Last Name First Name Middle Name Suffix				
	904 PRINCE ST. 101				
	Residence Address Apt #				
	ALEXANDRIA VA 22314				
	City State Zip Code				
	ALEXANDRIA 917427377				
County or City of Residence Voter Identification #					
craig@fiferfordelgate.com 703-505-9668					
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	HOUSE OF DELEGATES 45				
	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					



Treasurer Information					
Treasurer Information	MS.	GRASSIA	AUDRA	ELIZABETH	
	Salutation	Last Name	First Name	Middle Name	Suffix
	157 WESMOND DR				
	Residence Address			Apt #	
	ALEXANDRIA			VA	22305
	City			State	Zip Code
	ALEXANDRIA			289830301	
County or City of Residence			Voter Identification #		
audra@FiferFordelegate.com			617-447-4934		
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					
UNITED BANK			N/A		
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
ALEXANDRIA VA			N/A		
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:	MARCH 22, 2015			
	Date first expenditure made:	MARCH 22, 2015			
	Date campaign depository designated:	MARCH 23, 2015			
	Date filing fee paid for party nomination:	MARCH 23, 2015			
	Date statement of qualification filed:	MARCH 23, 2015			
Date treasurer appointed:	MARCH 23, 2015				

(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 Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature <u></u> Date <u>MARCH 23, 2015</u></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>Candidate's Signature <u></u> Date <u>MARCH 23, 2015</u></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>Treasurer's Signature <u></u> Date <u>3/23/2015</u></p>