



\* VIRGINIA \*  
DEPARTMENT of ELECTIONS

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

\*Please read instructions before completing this form.

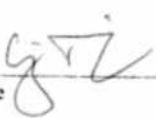

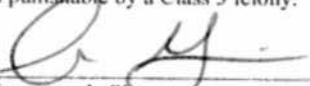
Type of Statement					
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended statement of organization.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <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	FIFER FOR DELEGATE				
	Name of Candidate Campaign Committee				
	904 PRINCE ST, #101				
	Street Address/PO Box <span style="float: right;">Suite #</span>				
	ALEXANDRIA <span style="float: right;">VA</span> <span style="float: right;">22314</span>				
	City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>				
info@fiferfordelgate.com <span style="float: right;">703-505-9668</span>					
Email Address <span style="float: right;">Daytime Phone #</span>					
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 <span style="float: right;">Apt #</span>				
	ALEXANDRIA <span style="float: right;">VA</span> <span style="float: right;">22314</span>				
	City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>				
	ALEXANDRIA <span style="float: right;">917427377</span>				
County or City of Residence <span style="float: right;">Voter Identification #</span>					
craig@fiferfordelgate.com <span style="float: right;">703-505-9668</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.					
Election Information					
Election Information	HOUSE OF DELEGATES 45				
	Office Sought <span style="float: right;">District (if one)</span>				
	DEMOCRATIC 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
Political Party <span style="float: right;">Year of Election</span> <span style="float: right;">Type of Election</span>					



Treasurer Information					
Treasurer Information	MS.	GRASSIA	AUDRA	ELIZABETH	
	Salutation	Last Name	First Name	Middle Name	
	157 WESMOND DR		Residence Address		
	ALEXANDRIA		VA	22305	
	ALEXANDRIA		289830301	Zip Code	
	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	
<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 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	
<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>Candidate's Signature <u></u> Date <u>MARCH 23, 2015</u></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>Treasurer's Signature <u></u> Date <u>3/23/2015</u></p>