



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement				
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.			
	Date Changes Took Effect	SBE-issued Committee ID		
	07/16/2016	CC-12-00963		
Committee Information				
Committee Information	Lawhorne for Sheriff			
	Name of Candidate Campaign Committee			
	102 W. Alexandria Avenue			
	Street Address/PO Box	Suite #		
	Alexandria	VA	22301	
	City	State	Zip Code	
laurensmith77@gmail.com	7037464114			
Email Address	Daytime Phone #			
	Campaign Website			
Candidate Information				
Candidate Information	Lawhorne	Dana		
	Salutation	Last Name	First Name	Middle Name
	102 W. Alexandria Avenue			
	Residence Address		Apt #	
	Alexandria	VA	22301	
	City	State	Zip Code	
	ALEXANDRIA CITY	703022845		
	County or City of Residence	Voter Identification #		
danalawhorne@verizon.net	7037464114			
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	Sheriff		Alexandria City	
	Office Sought		District (if one)	
	Democratic	2017	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May <input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election	



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Treasurer Information					
Treasurer Information		Smith	Kathleen	T	
	Salutation	Last Name	First Name	Middle Name	
	2309 Scroggins Road				
	Residence Address			Apt #	
	Alexandria			VA	22302
	City			State	Zip Code
	ALEXANDRIA CITY			712022208	
	County or City of Residence			Voter Identification #	
laurensmith77@gmail.com			7039634009		
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 and Herbert Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria			VA		
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:	<u>03/15/2005</u>			
	Date first expenditure made:	<u>03/15/2005</u>			
	Date campaign depository designated:	<u>03/15/2005</u>			
	Date filing fee paid for party nomination:	<u>03/15/2005</u>			
	Date Statement of Qualification filed:	<u>03/15/2005</u>			
	Date treasurer appointed:	<u>05/03/2010</u>			

(continued on next page)



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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.</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 _____ 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> _____ Candidate's Signature 7/21/16 _____ 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> _____ Treasurer's Signature 7/21/16 _____ Date</p>