



**Statement of Organization
CANDIDATE COMMITTEE**

JAN 11 2013
VOTER REGISTRATION
ELECTORAL BOARD

*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.				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">1-3-2013</td> <td style="text-align: center;">CC-12-00963</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	1-3-2013	CC-12-00963
Date Changes Took Effect	SBE-issued Committee ID				
1-3-2013	CC-12-00963				
Committee Information					
Committee Information	Law home for Sheriff				
	Name of Candidate Campaign Committee				
	2309 Scroggins Road				
	Street Address/PO Box Suite #				
	Alexandria VA 22302				
City State Zip Code					
Email Address Daytime Phone #					
laurensmitz77@gmail.com 703/963 4609					
Campaign Website					
Candidate Information					
Candidate Information	Hon. Lawhome Dana A.				
	Salutation Last Name First Name Middle Name Suffix				
	102 W. Alexandria Avenue				
	Residence Address Apt #				
	Alexandria VA 22301				
	City State Zip Code				
City of Alexandria					
County or City of Residence Voter Identification #					
danalawhome@verizon.net 703 746 4114					
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	Office of Sheriff City of Alexandria				
	Office Sought District (if one)				
	Democrat 2013 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
Political Party Year of Election Type of Election					



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information		Smith	Lauren	Elisabeth	
	Salutation	Last Name	First Name	Middle Name	
	Residence Address		Apt #		
	City	State	Zip Code		
	County or City of Residence		Voter Identification #		
	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			n/a		
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:	9-12-05			
	Date first expenditure made:	9-15-05			
	Date campaign depository designated:	10-25-04			
	Date filing fee paid for party nomination:	n/a			
	Date Statement of Qualification filed:	1-3-13			
Date treasurer appointed:	1-3-13				

(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 style="text-align: center;"> 1/3/13 </p> <p style="display: flex; justify-content: space-between;">SignatureDate</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 style="text-align: center;"> 1/3/13 </p> <p style="display: flex; justify-content: space-between;">Candidate's SignatureDate</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 style="text-align: center;"> 1/3/13 </p> <p style="display: flex; justify-content: space-between;">Treasurer's SignatureDate</p>