



## Statement of Organization CANDIDATE COMMITTEE

\*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.  <b>CC-15-00094</b>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <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	<b>Sean Lenehan for Delegate</b> Name of Candidate Campaign Committee <b>PO Box 16133</b> Street Address/PO Box						
	Suite #						
	<b>Alexandria</b> City						
	<b>VA</b> State						
	<b>22302</b> Zip Code						
	<b>sean@seanfordelegate.com</b> Email Address						
<b>seanfordelegate.com</b> Campaign Website							
<b>703-402-0546</b> Daytime Phone #							
Candidate Information							
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>Lenehan</b></td> <td style="width: 33%; text-align: center;"><b>Sean</b></td> <td style="width: 33%; text-align: center;"><b>Thomas</b></td> </tr> <tr> <td style="font-size: small;">Salutation Last Name</td> <td style="font-size: small;">First Name</td> <td style="font-size: small;">Middle Name Suffix</td> </tr> </table>	<b>Lenehan</b>	<b>Sean</b>	<b>Thomas</b>	Salutation Last Name	First Name	Middle Name Suffix
	<b>Lenehan</b>	<b>Sean</b>	<b>Thomas</b>				
	Salutation Last Name	First Name	Middle Name Suffix				
	<b>24 Fendall Ave</b> Residence Address						
	<b>VA</b> Apt #						
	<b>22304</b> Zip Code						
	<b>ALEXANDRIA CITY</b> City						
<b>917417560</b> State							
<b>703-402-0546</b> Voter Identification #							
<b>sean.lenehan@yahoo.com</b> Email Address							
<b>703-402-0546</b> 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	<b>Member House Of Delegates</b>						
	<b>House Of Delegates - 46th District</b> Office Sought						
	<b>Republican</b> Political Party						
	<b>2015</b> Year of Election						
<input checked="" type="checkbox"/> November							
<input type="checkbox"/> May							
<input type="checkbox"/> Special							
Type of Election							

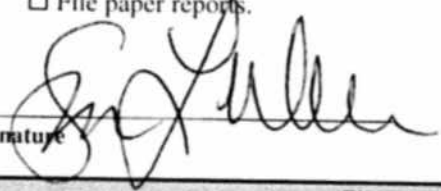
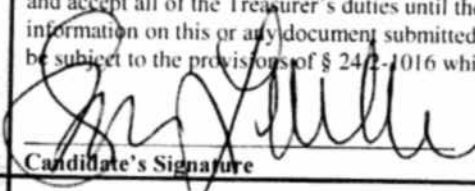
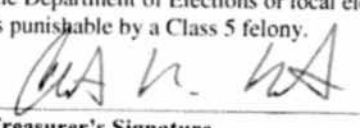


## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
<b>Treasurer Information</b>	<b>Marston</b>	<b>Christopher</b>	<b>M</b>		
	Salutation Last Name	First Name	Middle Name	Suffix	
	<b>110 Shooters Ct</b>				
	Residence Address		Apt #		
	<b>Alexandria</b>		<b>VA</b>	<b>22314</b>	
	City		State	Zip Code	
	<b>ALEXANDRIA CITY</b>		<b>917572194</b>		
County or City of Residence		Voter Identification #			
<b>chris@electioncfo.com</b>		<b>703-627-4679</b>			
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					
<b>SunTrust</b>					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
<b>Alexandria</b>					
City		State			
<b>VA</b>					
<b>Committee Activity</b>					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		_____		
	Date first expenditure made:		_____		
	Date campaign depository designated:		<b>01/28/2015</b>		
	Date filing fee paid for party nomination:		_____		
	Date Statement of Qualification filed:		_____		
	Date treasurer appointed:		<b>01/28/2015</b>		

(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 <b>ELECT's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>ELECT Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature  Date <u>Feb 2, 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 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  Date <u>Feb 2, 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 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  Date <u>2/2/15</u></p>