



Statement of Organization CANDIDATE COMMITTEE

*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. CC-15-00290	<input type="checkbox"/> AMENDED 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	Mark Levine for Delegate																											
	Name of Candidate Campaign Committee																											
	805 Rivergate Place																											
	Street Address/PO Box																											
	Suite #																											
	Alexandria																											
City																												
VA																												
State																												
22314																												
Zip Code																												
Mark@MarkforDelegate.com																												
Email Address																												
703-599-6121																												
Daytime Phone #																												
Campaign Website																												
Candidate Information																												
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Levine</td> <td style="width: 33%; text-align: center;">Mark</td> <td style="width: 33%; text-align: center;">Herbert</td> </tr> <tr> <td style="text-align: center;">Salutation</td> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">First Name</td> </tr> <tr> <td colspan="2" style="text-align: center;">805 Rivergate Place</td> <td style="text-align: center;">Apt #</td> </tr> <tr> <td colspan="2" style="text-align: center;">Alexandria</td> <td style="text-align: center;">VA</td> </tr> <tr> <td colspan="2" style="text-align: center;">City</td> <td style="text-align: center;">State</td> </tr> <tr> <td colspan="2" style="text-align: center;">ALEXANDRIA CITY</td> <td style="text-align: center;">919183399</td> </tr> <tr> <td colspan="2" style="text-align: center;">County or City of Residence</td> <td style="text-align: center;">Voter Identification #</td> </tr> <tr> <td colspan="2" style="text-align: center;">Mark@MarkLevineTalk.com</td> <td style="text-align: center;">7035996121</td> </tr> <tr> <td colspan="2" style="text-align: center;">Email Address</td> <td style="text-align: center;">Daytime Phone #</td> </tr> </table>	Levine	Mark	Herbert	Salutation	Last Name	First Name	805 Rivergate Place		Apt #	Alexandria		VA	City		State	ALEXANDRIA CITY		919183399	County or City of Residence		Voter Identification #	Mark@MarkLevineTalk.com		7035996121	Email Address		Daytime Phone #
	Levine	Mark	Herbert																									
	Salutation	Last Name	First Name																									
	805 Rivergate Place		Apt #																									
	Alexandria		VA																									
	City		State																									
	ALEXANDRIA CITY		919183399																									
	County or City of Residence		Voter Identification #																									
Mark@MarkLevineTalk.com		7035996121																										
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Member House Of Delegates</td> <td style="width: 50%;">House Of Delegates - 45th District</td> </tr> <tr> <td>Office Sought</td> <td>District (if one)</td> </tr> <tr> <td>Democratic</td> <td style="text-align: center;">2015</td> </tr> <tr> <td>Political Party</td> <td>Year of Election</td> </tr> </table>	Member House Of Delegates	House Of Delegates - 45th District	Office Sought	District (if one)	Democratic	2015	Political Party	Year of Election																			
	Member House Of Delegates	House Of Delegates - 45th District																										
	Office Sought	District (if one)																										
	Democratic	2015																										
Political Party	Year of Election																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input checked="" type="checkbox"/> November</td> <td style="width: 20%;"><input type="checkbox"/> May</td> <td style="width: 20%;"><input type="checkbox"/> Special</td> </tr> <tr> <td colspan="3" style="text-align: right;">Type of Election</td> </tr> </table>	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special	Type 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					
Treasurer Information	Levine	Mark	Herbert		
	Salutation	Last Name	First Name	Middle Name	
	805 Rivergate Place			Apt #	Suffix
	Residence Address		VA	22314	
	City		State	Zip Code	
	ALEXANDRIA CITY		919183399		
	County or City of Residence		Voter Identification #		
Mark@MarkLevineTalk.com		703-599-6121			
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					
Capital One Bank					
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:	<u>03/26/2015</u>			
	Date first expenditure made:	<u>03/26/2015</u>			
	Date campaign depository designated:	<u>03/26/2015</u>			
	Date filing fee paid for party nomination:	<u>03/23/2015</u>			
	Date Statement of Qualification filed:	<u>03/26/2015</u>			
	Date treasurer appointed:	<u>03/30/2015</u>			

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

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="margin-top: 20px;"> 3/30/15 </p> <p style="margin-top: 5px;"> 3/30/15 </p> <p style="margin-top: 5px;"> 3/30/15 </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="margin-top: 20px;"> 3/30/15 </p> <p style="margin-top: 5px;"> 3/30/15 </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="margin-top: 20px;"> 3/30/15 </p> <p style="margin-top: 5px;"> 3/30/15 </p>