



Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE

CITY OF ALEXANDRIA


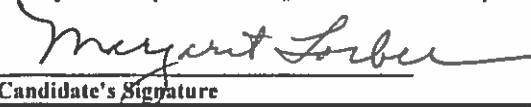

MAR 23 2018

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee Margaret Lorber for School Board				
	Street Address/PO Box 17 Cedar St.				
	City Alexandria				
	State VA				
	Zip Code 22301				
Email Address MLorber5@gmail.com	Daytime Phone # 703-201-4804				
Campaign Website LorberforSchoolboard.com					
Candidate Information					
Candidate Information	Salutation Ms.				
	Last Name Lorber				
	First Name Margaret				
	Middle Name 				
	Suffix 				
	Residence Address 17 Cedar St.				
City Alexandria	Apt # 				
State VA	Zip Code 22301				
County or City of Residence City of Alexandria	Voter Identification # 704022314				
Email Address MLorber5@gmail.com	Daytime Phone # 703-201-4804				
<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 Sought School Board				
	District (if one) B				
	Political Party NA				
Year of Election 2018	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



Treasurer Information					
Treasurer Information	Mrs.	Langlykke	Kristin		
	Salutation	Last Name	First Name	Middle Name	Suffix
	501 Slaters Lane		19		
	Residence Address		Apt #		
	Alexandria		VA		22314
	City		State		Zip Code
	Alexandria		917105157		
County or City of Residence		Voter Identification #			
klanglykke@yahoo.com		703-622-4925			
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					
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:	NA			
	Date first expenditure made:	NA			
	Date campaign depository designated:	NA			
	Date filing fee paid for party nomination:	NA			
	Date Statement of Qualification filed:	3-23-18			
Date treasurer appointed:	3-20-18				



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> 3/23/18 _____ Date </div> </div>
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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Candidate's Signature </div> <div style="text-align: center;"> 3/23/18 _____ Date </div> </div>
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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Treasurer's Signature </div> <div style="text-align: center;"> 3/23/18 _____ Date </div> </div>



Instructions for Completing This Form: *Statement of Organization for Candidate Campaign Committee*

General Guidelines

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the general registrar or local electoral board's office.
- Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the general registrar or local electoral board's office and a copy to the Virginia Department of Elections, 1100 Bank Street, 1st Floor, Richmond, VA, 23219.
- For General Assembly Candidates, an original of this form must be submitted to the Virginia Department of Elections, 1100 Bank Street, 1st Floor, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- All requested information on the form is required unless otherwise noted below.
- An amended statement is required to be filed within 10 days of the change if any of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-953 of the Code of Virginia.

Type of Statement

- Check the box that best fits the type of statement your committee is submitting.

Campaign Committee's Mailing Address

- Enter the name of the campaign committee (e.g. Friends of Candidate Smith).
- Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- Enter the campaign committee's primary mailing address (PO Boxes are acceptable.)
- Enter the campaign committee's email address
- Enter the campaign's primary daytime phone number.
- Enter the campaign website (if none, enter N/A)

Candidate Information

- Enter the full name of the candidate.
- Enter the county or city of the candidate's residence.
- Enter the candidate's voter identification #.
 - This can be found on the candidate's voter card or by calling ELECT.
- Enter the email address of the candidate (if one).
- Enter the candidate's daytime phone number.

Election Information

- Enter the office sought by the candidate and the district (if one).
- Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- Enter the year of the office's general election.
 - If seeking election to a special election, check the next box. Please note that you should not check this box prior to the official calling of the special election.