



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

DEC 10 2012

*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.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
	VOTER REGISTRATION ELECTORAL BOARD				
	<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	<p style="text-align: center; font-size: 1.2em;">PORTER FOR COMMONWEALTH'S ATTORNEY</p> <p>Name of Candidate Campaign Committee</p> <p>PO BOX 705</p> <p>Street Address/PO Box Suite #</p> <p>ALEXANDRIA VA 22314</p> <p>City State Zip Code</p> <p>porterforca@gmail.com 571-882-1735</p> <p>Email Address Daytime Phone #</p> <p>BRYANPORTER.NET</p> <p>Campaign Website</p>				
Candidate Information					
Candidate Information	<p>MR. PORTER BRYAN LAL</p> <p>Salutation Last Name First Name Middle Name Suffix</p> <p>1311 N. VAN DORN STREET</p> <p>Residence Address Apt #</p> <p>ALEXANDRIA VA 22304</p> <p>City State Zip Code</p> <p>ALEXANDRIA 703022349</p> <p>County or City of Residence Voter Identification #</p> <p>Bryanporter57@gmail.com 703-746-4100</p> <p>Email Address Daytime Phone #</p> <p><input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.</p>				
Election Information					
Election Information	<p>COMMONWEALTH'S ATTORNEY ALEXANDRIA</p> <p>Office Sought District (if one)</p> <p>DEMOCRAT 2013 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special</p> <p>Political Party Year of Election Type of Election</p>				



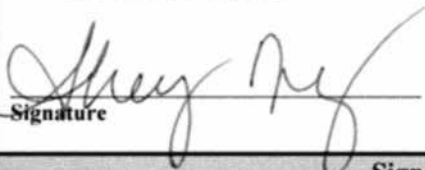

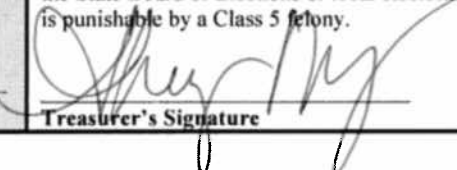
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Treasurer Information				
Treasurer Information	Mrs Delaney Sherry Ann			
	Salutation	Last Name	First Name	Middle Name
	2507 Davis Avenue			
	Residence Address		Apt #	
	Alexandria		VA 22302	
	City		State	
	Alexandria		918442485	
County or City of Residence		Voter Identification #		
sherrykdelaney@gmail.com		703.5086264		
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				
SUNTRUST 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:		12-07-12	
	Date first expenditure made:		12-04-12	
	Date campaign depository designated:		12-05-12	
	Date filing fee paid for party nomination:		N/A	
	Date Statement of Qualification filed:		12- -12	
	Date treasurer appointed:		12-10-12	

(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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <p>12/10/12</p> _____ 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 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> <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;"> <p>12-10-12</p> _____ 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 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> <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;"> <p>12/10/12</p> _____ Date </div> </div>