



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.				
<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	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PORTER FOR COMMONWEALTH'S ATTORNEY</div> Name of Candidate Campaign Committee				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PO BOX 705</div> Street Address/PO Box				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ALEXANDRIA</div> City				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">VA</div> State				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">22314</div> Zip Code				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">porterforca@gmail.com</div> Email Address				
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">571-882-1735</div> Daytime Phone #					
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BRYANPORTER.NET</div> Campaign Website					
Candidate Information					
Candidate Information	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MR. PORTER</div> Salutation				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">BRYAN</div> First Name				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">LAL</div> Middle Name				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1311 N. VAN DORN STREET</div> Residence Address				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ALEXANDRIA</div> City				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">VA</div> State				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">22304</div> Zip Code				
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ALEXANDRIA</div> County or City of Residence					
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">703022349</div> Voter Identification #					
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">bryanporter57@gmail.com</div> Email Address					
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">703-746-4100</div> 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	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">COMMONWEALTH'S ATTORNEY</div> Office Sought				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ALEXANDRIA</div> District (if one)				
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">DEMOCRAT</div> Political Party				
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">2013</div> Year of Election					
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
Type of Election					



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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	Zip Code	
	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;"> <p>Signature</p> </div> <div style="text-align: center;"> <p>12/10/12</p> <p>Date</p> </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;"> <p>Candidate's Signature</p> </div> <div style="text-align: center;"> <p>12-10-12</p> <p>Date</p> </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;"> <p>Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>12/10/12</p> <p>Date</p> </div> </div>