

## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement							
X NEW		□ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first		This committee is filing an amended Statement of Organization.					
time.		Date Changes Took Ef	ffect SBE-issued Com	mittee ID			
CC-17-00254							
Committee Information							
	LowryforAlbemarle Supervisor						
Committee Information	Name of Candidate Campaign Committee						
	P. O. Box 141						
	Street Address/PO Box Suite #						
	North Garden		VA	22959			
	City		State	Zip Code			
	johnlowry@lowryforalbemarle.com (434) 906-8108						
	Email Address Daytime Phone #						
	www.lowryforalbemarle.c	om					
	Campaign Website						
Candidate Information							
	Mr. Lowry	John	Charles				
	Salutation Last Name	First Name	Middle Nam	e Suffix			
	3475 Red Hill School Rd						
	Residence Address		Apt #				
Candidate	North Garden		VA				
Information	City		State	Zip Code			
	ALBEMARLE COUNTY		102003587				
	County or City of Residence		Voter Identification #				
	johnlowry@lowryforalbemarle.com		(434) 296-4695				
	Email Address		Daytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Member Board of Supervisors Election - SAMUEL MILLER DISTRICT			TRICT			
	Office Sought	District (if one)					
	Republican	2017		y DSpecial			
	Political Party	Year of Election	Type of Ele	ection			



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Mr Lankford	Glenn	Matthew		
	Salutation Last Name	First Name	Middle Name Suffix		
	1201 Redfields Road				
	Residence Address	Ар	t #		
	Charlottesville	V	A 22903		
	City	Sta	ate Zip Code		
	ALBEMARLE COUNTY	11	3003623		
	County or City of Residence	Vot	ter Identification #		
	glankford@hantzmonwiebel.com	(4	34) 296-2156		
	Email Address	Da	ytime Phone #		
	By checking this box, I certify that I am currently registered to vote at the address above.				
	Campaign	Depository			
United Bank ch	ecking account 83886392				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
Charlottesville	VA				
City	State	City	State		
Committee Activity					
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:	02/02/2017			
	Date first expenditure made:	02/03/2017			
Dates of Activity	Date campaign depository designate	o2/02/2017			
	Date filing fee paid for party nomination	ation:			
	Date Statement of Qualification file	d:			
	Date treasurer appointed:	02/02/2017			

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Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:				
	I File electronically using SBE's Electronic Filing Application.				
Filing Method	□ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	<u>.</u>				
	Signature	Date			
Signatures					
<b>Candidate's</b> <b>Signature</b> <b>Candidate's</b> <b>Signature</b> <b>I</b> affirm that, to the best of my knowledge, all of the information on this form is complete and to understand that I am required to comply with the provisions of the Campaign Finance Disclose Chapter 9.3 of the <i>Code of Virginia</i> ). I also understand that my Treasurer and I must truthfully manner, all monies and things of value which this campaign committee receives or expends. C be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I further I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the cam and accept all of the Treasurer's duties until the position is filled. I also understand that if I provisions on this or any document submitted to the State Board of Elections or local electors be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.					
	Candidate's Signature	Date			
Treasurer's Signature	<b>I accept the appointment of Treasurer of this campaign committee.</b> 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.				
	Treasurer's Signature	Date			



## **Instructions for Completing This Form**

### **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 State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, 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.
- $\Rightarrow$  All requested information on the form is <u>required</u> unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> 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 \$24.2-929 of the <u>Code of Virginia</u>.

### **Type of Statement**

 $\Rightarrow$  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).
- $\Rightarrow$  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.)
- $\Rightarrow$  Enter the Campaign Committee's email address
- $\Rightarrow$  Enter the campaign's primary daytime phone number.
- $\Rightarrow$  Enter the Campaign Website (if none, enter N/A)

## **Candidate Information**

- $\Rightarrow$  Enter the full name of the candidate.
- $\Rightarrow$  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 SBE.
- $\Rightarrow$  Enter the email address of the Candidate (if one).
- $\Rightarrow$  Enter the Candidate's daytime phone number.

## **Election Information**

- $\Rightarrow$  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").
- $\Rightarrow$  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.

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## **Instructions for Completing This Form**

### **Treasurer Information**

\*The Treasurer must be a registered voter in Virginia.

- $\Rightarrow$  Enter the name of the Treasurer for the campaign committee.
- $\Rightarrow$  Enter the residence address for the Treasurer.
- $\Rightarrow$  Enter the candidate's Voter Identification #.
  - This can be found on the treasurer's voter card or by calling SBE.
- $\Rightarrow$  Enter the email address of the Treasurer.
- $\Rightarrow$  Enter the Treasurer's daytime phone number.

## **Campaign Depository**

Enter the names and addresses of the committee's financial institutions.
\*The committee's depository must be in a financial institution within the Commonwealth.

### **Filing Method**

- ⇒ Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.
  - Electronic Filing Option
    - If you choose to file electronically, log into the following Web site address:

#### • Approved Vendor Option

If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>

#### **Signatures**

- $\Rightarrow$  The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- $\Rightarrow$  The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.