



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.	<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%; text-align: center;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID			
Date Changes Took Effect	SBE-issued Committee ID					
Committee Information						
Committee Information	Name of Candidate Campaign Committee <p style="text-align: center; font-size: 1.2em;">FRIENDS TO Re-Elect A. CARY</p>					
	Street Address/PO Box <p style="text-align: center; font-size: 1.2em;">3701 MANTON DRIVE</p>					
	<table style="width: 100%;"> <tr> <td style="width: 60%;">City <p style="text-align: center; font-size: 1.2em;">Lynchburg</p></td> <td style="width: 20%;">Suite # <p style="text-align: center; font-size: 1.2em;">VA</p></td> <td style="width: 20%;">Zip Code</td> </tr> </table>	City <p style="text-align: center; font-size: 1.2em;">Lynchburg</p>	Suite # <p style="text-align: center; font-size: 1.2em;">VA</p>	Zip Code		
	City <p style="text-align: center; font-size: 1.2em;">Lynchburg</p>	Suite # <p style="text-align: center; font-size: 1.2em;">VA</p>	Zip Code			
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p></td> <td style="width: 40%;">Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434.660.8299</p></td> </tr> </table>	Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p>	Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434.660.8299</p>			
Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p>	Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434.660.8299</p>					
Campaign Website						
Candidate Information						
Candidate Information	<table style="width: 100%;"> <tr> <td style="width: 30%;">Salutation <p style="text-align: center; font-size: 1.2em;">MR.</p></td> <td style="width: 30%;">Last Name <p style="text-align: center; font-size: 1.2em;">CARY</p></td> <td style="width: 20%;">First Name <p style="text-align: center; font-size: 1.2em;">Aunsden</p></td> <td style="width: 10%;">Middle Name <p style="text-align: center; font-size: 1.2em;">—</p></td> <td style="width: 10%;">Suffix <p style="text-align: center; font-size: 1.2em;">III</p></td> </tr> </table>	Salutation <p style="text-align: center; font-size: 1.2em;">MR.</p>	Last Name <p style="text-align: center; font-size: 1.2em;">CARY</p>	First Name <p style="text-align: center; font-size: 1.2em;">Aunsden</p>	Middle Name <p style="text-align: center; font-size: 1.2em;">—</p>	Suffix <p style="text-align: center; font-size: 1.2em;">III</p>
	Salutation <p style="text-align: center; font-size: 1.2em;">MR.</p>	Last Name <p style="text-align: center; font-size: 1.2em;">CARY</p>	First Name <p style="text-align: center; font-size: 1.2em;">Aunsden</p>	Middle Name <p style="text-align: center; font-size: 1.2em;">—</p>	Suffix <p style="text-align: center; font-size: 1.2em;">III</p>	
	Residence Address <p style="text-align: center; font-size: 1.2em;">3701 MANTON DRIVE</p>					
	<table style="width: 100%;"> <tr> <td style="width: 60%;">City <p style="text-align: center; font-size: 1.2em;">LYNCHBURG</p></td> <td style="width: 20%;">Apt # <p style="text-align: center; font-size: 1.2em;">VA</p></td> <td style="width: 20%;">Zip Code <p style="text-align: center; font-size: 1.2em;">24503</p></td> </tr> </table>	City <p style="text-align: center; font-size: 1.2em;">LYNCHBURG</p>	Apt # <p style="text-align: center; font-size: 1.2em;">VA</p>	Zip Code <p style="text-align: center; font-size: 1.2em;">24503</p>		
	City <p style="text-align: center; font-size: 1.2em;">LYNCHBURG</p>	Apt # <p style="text-align: center; font-size: 1.2em;">VA</p>	Zip Code <p style="text-align: center; font-size: 1.2em;">24503</p>			
	<table style="width: 100%;"> <tr> <td style="width: 60%;">County or City of Residence <p style="text-align: center; font-size: 1.2em;">Lynchburg</p></td> <td style="width: 40%;">Voter Identification # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p></td> </tr> </table>	County or City of Residence <p style="text-align: center; font-size: 1.2em;">Lynchburg</p>	Voter Identification # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p>			
County or City of Residence <p style="text-align: center; font-size: 1.2em;">Lynchburg</p>	Voter Identification # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p>					
<table style="width: 100%;"> <tr> <td style="width: 60%;">Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p></td> <td style="width: 40%;">Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p></td> </tr> </table>	Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p>	Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p>				
Email Address <p style="text-align: center; font-size: 1.2em;">A.CARY@lynchburgva.gov</p>	Daytime Phone # <p style="text-align: center; font-size: 1.2em;">434-660-8299</p>					
<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%;"> <tr> <td style="width: 50%;">Office Sought <p style="text-align: center; font-size: 1.2em;">Councilman</p></td> <td style="width: 50%;">District (if one) <p style="text-align: center; font-size: 1.2em;">At-Large</p></td> </tr> </table>	Office Sought <p style="text-align: center; font-size: 1.2em;">Councilman</p>	District (if one) <p style="text-align: center; font-size: 1.2em;">At-Large</p>			
	Office Sought <p style="text-align: center; font-size: 1.2em;">Councilman</p>	District (if one) <p style="text-align: center; font-size: 1.2em;">At-Large</p>				
	<table style="width: 100%;"> <tr> <td style="width: 30%;">Political Party <p style="text-align: center; font-size: 1.2em;">Republican</p></td> <td style="width: 30%;">Year of Election <p style="text-align: center; font-size: 1.2em;">2014</p></td> <td style="width: 40%;">Type of Election <input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special </td> </tr> </table>	Political Party <p style="text-align: center; font-size: 1.2em;">Republican</p>	Year of Election <p style="text-align: center; font-size: 1.2em;">2014</p>	Type of Election <input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special		
Political Party <p style="text-align: center; font-size: 1.2em;">Republican</p>	Year of Election <p style="text-align: center; font-size: 1.2em;">2014</p>	Type of Election <input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special				



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	<i>Mr</i>	<i>CARY</i>	RAY <i>HANSDON</i>	<i>—</i>	<i>III</i>
	Salutation	Last Name	First Name	Middle Name	Suffix
	Residence Address		Apt #		
	<i>3701 MANTON DRIVE</i>		<i>VA 24503</i>		
	City	State	Zip Code		
	<i>CYNCABURG</i>		<i>VA 24503</i>		
	County or City of Residence		Voter Identification #		
<i>Mr. CARY@CyncaBurgva.gov</i>		<i>434.660.8299</i>			
Email Address		Daytime Phone #			
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
<i>WELLS FARGO</i>					
City			State	City	State
<i>CyncaBurg VA</i>					
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:	<i>N/A</i>			
	Date first expenditure made:	<i>2.17.2014</i>			
	Date campaign depository designated:	<i>1.27.2014</i>			
	Date filing fee paid for party nomination:	<i>2.10.2014</i>			
	Date Statement of Qualification filed:	<i>2.19.2014</i>			
	Date treasurer appointed:	<i>N/A</i>			
				<i>I serve as my treasurer</i>	

(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 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 checked="" type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</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>_____ Candidate's Signature</p> <p style="text-align: right;">_____ Date</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>_____ Treasurer's Signature</p> <p style="text-align: right;">_____ Date</p>