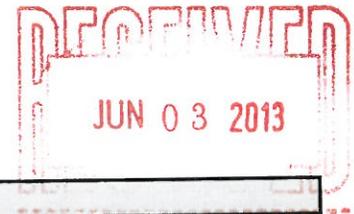




Statement of Organization CANDIDATE COMMITTEE



*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.
Committee Information	
Committee Information	<div style="border: 1px solid black; padding: 2px;">David C. Thurman for Treasurer</div> Name of Candidate Campaign Committee
	<div style="border: 1px solid black; padding: 2px;">2240 SURREY PLACE</div> Street Address/PO Box
	<div style="border: 1px solid black; padding: 2px;">Lynchburg, Virginia</div> City
	<div style="border: 1px solid black; padding: 2px;">24503</div> State Zip Code
	<div style="border: 1px solid black; padding: 2px;">david.thurman@lynchburgva.gov</div> Email Address
Candidate Information	
Candidate Information	<div style="border: 1px solid black; padding: 2px;">Thurman David Claude MR.</div> Salutation Last Name First Name Middle Name Suffix
	<div style="border: 1px solid black; padding: 2px;">2240 SURREY PLACE</div> Residence Address
	<div style="border: 1px solid black; padding: 2px;">Lynchburg, Virginia</div> City
	<div style="border: 1px solid black; padding: 2px;">Lynchburg</div> County or City of Residence
	<div style="border: 1px solid black; padding: 2px;">david.thurman@lynchburgva.gov</div> Email Address
	<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;">TREASURER</div> Office Sought
	<div style="border: 1px solid black; padding: 2px;">Lynchburg</div> District (if one)
	<div style="border: 1px solid black; padding: 2px;">Republican</div> Political Party
<div style="border: 1px solid black; padding: 2px;">2013</div> Year of Election	
<div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special </div> Type of Election	



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	Thurman David Chude			
	Salutation	Last Name	First Name	Middle Name
	2240 SURREY PLACE			
	Residence Address			Apt #
	City		State	Zip Code
	County or City of Residence		Voter Identification #	
	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				
Wells Fargo			NA	
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
City		State	City	
Lynchburg, Virginia			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:	MAY 30, 2013		
	Date campaign depository designated:	MAY 30, 2013		
	Date filing fee paid for party nomination:	MAY 30, 2013		
	Date Statement of Qualification filed:	JUNE 3, 2013		
	Date treasurer appointed:	JUNE 3, 2013		

(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 style="text-align: center;"> 6-3-2013 </p> <p style="display: flex; justify-content: space-between;">SignatureDate</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 style="text-align: center;"> 6-3-2013 </p> <p style="display: flex; justify-content: space-between;">Candidate's SignatureDate</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 style="text-align: center;"> 6-3-2013 </p> <p style="display: flex; justify-content: space-between;">Treasurer's SignatureDate</p>