



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" 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 style="text-align: center;">7/26/12</td> <td style="text-align: center;">CC-12-01175</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	7/26/12	CC-12-01175
Date Changes Took Effect	SBE-issued Committee ID				
7/26/12	CC-12-01175				
Committee Information					
Committee Information	Friends of Krupicka				
	Name of Candidate Campaign Committee				
	409 E. Alexandria Avenue				
	Street Address/PO Box				
	Alexandria				
	City				
Rob@Krupicka.com					
Email Address					
www.Krupicka.com					
Campaign Website					
Candidate Information					
Candidate Information	Mr. Krupicka K. Rob				
	Salutation Last Name First Name Middle Name Suffix				
	409 E. Alexandria Avenue				
	Residence Address				
	Alexandria				
	City				
	Alexandria				
	County or City of Residence				
Rob@Krupicka.com					
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	Delegate 45 th				
	Office Sought District (if one)				
	Democratic 2012				
	Political Party Year of Election				
<input type="checkbox"/> November <input type="checkbox"/> May <input checked="" type="checkbox"/> Special					
Type of Election					



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Treasurer Information					
Treasurer Information	Mr	Posey	Kevin	H	
	Salutation	Last Name	First Name	Middle Name	
	507 Carlisle Drive				
	Residence Address			Apt #	
	Alexandria		VA	22301	
	City	State		Zip Code	
Alexandria			91856852		
County or City of Residence			Voter Identification #		
Eposey12@comcast.net			703.535.3367		
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					
Buckley Herbert					
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:	5/31/12			
	Date first expenditure made:	6/27/12			
	Date campaign depository designated:	4/13/12			
	Date filing fee paid for party nomination:				
	Date Statement of Qualification filed:				
Date treasurer appointed:	4/11/12				

(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 type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) <u>NGP VAN</u></p> <p><input type="checkbox"/> File paper reports.</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date <u>July 26 2012</u></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 <u>July 26 2012</u></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 <u>7/26/12</u></p>