



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;">12/08/2023</td> <td style="text-align: center;">CC-23-02477</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	12/08/2023	CC-23-02477				
Date Changes Took Effect	SBE-issued Committee ID								
12/08/2023	CC-23-02477								
Committee Information									
Committee Information	Gina Baum for ACPS Name of Candidate Campaign Committee								
	2801 Valley Drive Street Address/PO Box								
	Alexandria City								
	GinabaumforACPS@gmail.com Email Address								
	http://www.GinabaumforACPS.com Campaign Website								
	Suite # VA 22302 State Zip Code (703) 338-1557 Daytime Phone #								
Candidate Information									
Candidate Information	<table style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;">Baum</td> <td style="width: 30%; text-align: center;">Gina</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Salutation Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name</td> <td style="text-align: center;">Suffix</td> </tr> </table>	Baum	Gina			Salutation Last Name	First Name	Middle Name	Suffix
	Baum	Gina							
	Salutation Last Name	First Name	Middle Name	Suffix					
	432 N West Street Residence Address								
	Alexandria City								
	Alexandria City County or City of Residence								
	Ginabaum@me.com Email Address								
Apt # VA 22314 State Zip Code 105012995 Voter Identification # (703) 338-1557 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	Member School Board - Special Election - District A								
	Office Sought District (if one)								
	Democratic 2024 <input type="checkbox"/> November <input type="checkbox"/> May <input checked="" type="checkbox"/> Special								
	Political Party Year of Election Type of Election								



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Treasurer Information					
Treasurer Information	Ippolito	Michael			
	Salutation	Last Name	First Name	Middle Name	Suffix
	501 Slaters Lane		303		
	Residence Address		Apt #		
	Alexandria		VA	22314	
	City		State	Zip Code	
	Alexandria City		116606191		
County or City of Residence			Voter Identification #		
mikeippolito1@aol.com			(571) 314-9187		
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					
Burke & Herbert 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:	<u>12/07/2023</u>			
	Date first expenditure made:	<u>12/13/2023</u>			
	Date campaign depository designated:	<u>12/08/2023</u>			
	Date filing fee paid for party nomination:	<u>12/05/2023</u>			
	Date Statement of Qualification filed:	<u>12/04/2023</u>			
	Date treasurer appointed:	<u>12/08/2023</u>			

(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> <p style="text-align: center;"> 1-4-24 </p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Signature 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 style="text-align: center;"> 1-4-24 </p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Candidate's Signature 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 style="text-align: center;"> 1-4-24 </p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Treasurer's Signature Date </p>