Virginia State Board of Elections

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

Commonwealth of Virginial A

DEC 13 2023

Voter Registration
Electoral Board

*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.						
·g	time.	Date Changes Took Effect	ttee ID					
	CC-23-02477							
	Committee Information							
	Gina Baum for ACPS							
	Name of Candidate Campa	ign Committee						
	2801 Valley Drive							
	Street Address/PO Box		Suite #					
Committee Information	Alexandria		VA	22302				
	City		State	Zip Code				
	GinabaumforACPS@gma	il.com	(703) 338-1557					
	Email Address		Daytime Phone #					
	http://www.Ginabaumfor/	ACPS.com						
	Campaign Website							
La La Carriera		Candidate Information						
	Baum	Gina						
	Salutation Last Name	First Name	Middle Name	Suffix				
	432 N West Street							
	Residence Address		Apt #					
Candidate	Alexandria		VA	22314				
Information	City	\$	State	Zip Code				
	Alexandria City		105012995					
	County or City of Residence		Voter Identification #					
	Ginabaum@me.com		(703) 338-1557					
	Email Address		Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.							
	Election Information							
771 - 44°	Member School Board - S	Special Election - D	Pistrict A					
Election Information	Office Sought	District (if one)						
	Democratic	2024	□November □May	Special				
	Political Party	Year of Election	Type of Electic					

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Statement of Organization CANDIDATE COMMITTEE

	Treasurer	Information			We Did		
Treasurer Information	Ippolito	Michael					
	Salutation Last Name	First Name		iddle 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 #					
	mikeippolito@aol.com	(571) 314-9187					
	Email Address	Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.						
	Campaign	Depository					
Burke & Herbe	rt Bank						
Name of Primary Financial Institution		Name of Other F	inancial Institutio	on (if applicabl	e)		
Alexandria	VA						
City	State	State City State					
	Committ	ee Activity	157 E 1 1 E 1				
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")						
Dates of Activity	Date first contribution accepted:	12/07/2			,		
	Date first expenditure made:	12/09/2	023				
		12/08/2	023				
	Date campaign depository designat Date filing fee paid for party noming	12/05/2	023				
	Date Statement of Qualification fil	12/09/2	023				
	Date Statement of Quantification in	ou.					

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method						
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:					
	☑ File electronically using SBE's Electronic Filing Application.					
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)					
	☐ File paper reports.					
	12-13-23 Date					
Signatures						
Candidate's Signature	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 Code of Virginia). 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 Code of Virginia. 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. 12 - 13 - 23 Date 13 - 23 Date 14 - 15 - 24 Date 15 - 24 Date 15 - 24 Date 15 - 24 Date Date 15 - 24 Date Dat					
Treasurer's Signature	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 Code of Virginia). 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 Code of Virginia 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					