

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

		Type of Statement					
□ NEW		X AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect	Date Changes Took Effect SBE-issued Committee ID				
		04/15/2024	CC-21-00509				
Committee Information							
	Friends of Ashley Simpso	on Baird					
	Name of Candidate Campai	ign Committee					
	2435 Davis Avenue						
Committee Information	Street Address/PO Box		Suite #				
	Alexandria		VA	22302			
	City		State	Zip Code			
	a.w.preston@gmail.com		(571) 384-8308				
	Email Address		Daytime Phone #				
	http://www.ashleysimpso	nbaird.com					
	Campaign Website						
		Candidate Information					
	Dr. Simpson Baire	d Ashley	Elizabeth				
	Salutation Last Name	First Name	Middle Name	Suffix			
	2425 Davis Ave.						
	Residence Address		Apt#				
Candidate	Alexandria		VA	22302			
Information	City		State	Zip Code			
	Alexandria City		918250937				
	County or City of Residence		Voter Identification #				
	ashley.simpson.baird@gmail.com		(703) 955-0591				
	Email Address		Daytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Member School Board	Election - District B					
	Office Sought	District (if one)					
	Democratic	2024		☐Special			
	Political Party	Year of Election	Type of Election	n			

Revised: January 1, 2012



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	Treasure	· Information			
Treasurer Information	Preston	Andrew	Williams		
	Salutation Last Name 2435 Davis Ave.	First Name	Middle Name	Suffix	
	Residence Address Alexandria	***	Apt #	22302	
	City Alexandria City	41130000	State 022111855	Zip Code	
	County or City of Residence andrew.w.preston@gmail.com		Voter Identification # (202) 379-8129		
	Email Address By checking this box, I certify that I:	am currently regist	Daytime Phone # ered to vote at the address abo	ove.	
	Campaig	n Depository			
John Marshall	Bank				
Name of Primary Financial Institution Alexandria VA		Name of Other Financial Institution (if applicable)			
City	State	State City State			
	Commit	tee Activity			
Dates of Activity	Please provide the following dates. (If a Date first contribution accepted: Date first expenditure made: Date campaign depository designa Date filing fee paid for party nominate Statement of Qualification file Date treasurer appointed:	ination:	2021	, write "N/A")	

(continued on next page)



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	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.				
Filing Method	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Signature 4/15/24 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. 4/16/24 Date				
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				