

Statement of Organization

For Candidate Campaigh Committee

DEC 06 2023

Statement of Organization CANDIDATE CAMPAIGN COMMITTE Electoral Board

		Type of Statement				
□NEW		☐ AMENDED				
This committee is registering with the Virginia Department of Elections for the first time.		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect		e ID		
		12/04/2023				
Committee Information						
	Friends of Alyia Gaskins					
	Name of Candidate Campai	on Committee				
		gn Committee				
	5053 Kilburn St. Street Address/PO Box		Suite #			
Committee Information	Alexandria			22304		
	City		VA State	Zip Code		
	1			2.p ====		
	info@alyiaforalexandria.com Email Address		412-584-9555 Daytime Phone #			
			Daytime I none #			
	alyiaforalexandria.com Campaign Website					
	5 A AN	Candidate Information				
	Gaskins	Alyia	Smith Parker			
	Salutation Last Name	First Name	Middle Name	Suffix		
	5053 Kilburn St.					
	Residence Address		Apt #			
Candidate	Alexandria		VA	22304		
Information	City		State	Zip Code		
	Alexandria		680800708			
	County or City of Residence		Voter Identification #			
	alyia.gaskins@gmail.com		412-584-9555			
	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	Mayor, City of Alexandria					
	Office Sought	District (if one)				
	Damagrat	2024	November DMay	∏snaoiat		
	Democrat Political Party	2024 Year of Election	Type of Electio			



	Treas	surer Information	6/94 印度共和国			
Treasurer Information	Gaskins Salutation Last Name	Alyia First Name	Smith Parker Middle Name	Suffix		
	5053 Kilburn St Residence Address		Apt #			
	Alexandria City		VA State	22304		
	Alexandria		680800708	Zip Code		
	County or City of Residence		Voter Identification #			
	alyia.gaskins@gmail.com	412-584-9555				
	Email Address		Daytime Phone #			
	☑ By checking this box, I certify that I am currently registered to vote at the address above.					
	Cam	paign Depository				
Burke 2	Herbert Bank					
Name of Primary Financial Institution		Name of Other	Financial Institution (if applicable	e)		
Falls Church Va						
City	State	City	State			
	Con	nmittee Activity				
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
Dates of Activity	Date first contribution accept	ted: [2]	4/23			
	Date first expenditure made:					
	Date campaign depository designated:					
	Date filing fee paid for party nomination:					
	Date Statement of Qualification filed:					
	Date treasurer appointed:					

Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance reports:				
44.67	☐ File electronically using ELECT's Electronic Filing Application.				
Filing Method	File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor:)Campaign Deputy				
	☐ File paper reports.				
	Signature 12-6-23				
	Signature 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 <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 Department 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 - 6 - 23 12				
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 Department 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				

Instructions for Completing This Form: Statement of Organization for Candidate Campaign Committee

General Guidelines

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy
 of this form to the general registrar or local electoral board's office.
- Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the general registrar or local electoral board's office and a copy to the Virginia Department of Elections, 1100 Bank Street, 1st Floor, Richmond, VA, 23219.
- For General Assembly Candidates, an original of this form must be submitted to the Virginia Department of Elections, 1100 Bank Street, 1st Floor, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- All requested information on the form is required unless otherwise noted below.
- An amended statement is required to be filed within 10 days of the change if any of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in \$24.2-953 of the Code of Virginia.

Type of Statement

• Check the box that best fits the type of statement your committee is submitting.

Campaign Committee's Mailing Address

- Enter the name of the campaign committee (e.g. Friends of Candidate Smith).
- Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- Enter the campaign committee's primary mailing address (PO Boxes are acceptable.)
- Enter the campaign committee's email address
- Enter the campaign's primary daytime phone number.
- Enter the campaign website (if none, enter N/A)

Candidate Information

- Enter the full name of the candidate.
- Enter the county or city of the candidate's residence.
- Enter the candidate's voter identification #.
 - o This can be found on the candidate's voter card or by calling ELECT.
- Enter the email address of the candidate (if one).
- Enter the candidate's daytime phone number.

Election Information

- Enter the office sought by the candidate and the district (if one).
- Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- Enter the year of the office's general election.
 - o If seeking election to a special election, check the next box. Please note that you should not check this box prior to the official calling of the special election.

CFDA-947.1 Supersedes all previous versions Revised: November 16, 2016

Instructions for Completing This Form (cont.)

Treasurer Information

*NOTE: The treasurer must be a registered voter in Virginia.

- Enter the name of the treasurer for the campaign committee.
- Enter the residence address for the treasurer.
- Enter the candidate's voter identification number.
 - o This can be found on the treasurer's voter card or by calling ELECT.
- Enter the email address of the treasurer.
- Enter the treasurer's daytime phone number.

Campaign Depository

- Enter the names and addresses of the committee's financial institutions.
 - o **NOTE**: The committee's depository must be in a financial institution within the Commonwealth.

Filing Method

 Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically. Please follow the COMET Quick Guide at this link on the Department of Elections website: http://www.elections.virginia.gov/Files/CandidatesAndPACs/COMET/COMETQuickGuide.pdf

• Electronic Filing Option

If you choose to file electronically, log into the following web site address: https://cf.sbe.virginia.gov/Account/LogOn. Click on the "Register here" to register as a user. Then create your statement of organization.

Approved Vendor Option

If you choose to contract with a private company, ELECT recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with the Department of Elections' standards. As a result, your committee may end up paying fines for incomplete, late or unfiled reports. For a list of "Approved Vendors" please visit our website: http://www.elections.virginia.gov/candidatepac-info/campaign-finance-filing/.

Signatures

• The candidate and treasurer must read the agreement and sign the form accepting the conditions of the agreement.