



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-21-00005	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect	SBE-issued Committee ID		
Committee Information					
Committee Information	Friends of Alyia Gaskins				
	Name of Candidate Campaign Committee				
	271 Cameron Station Blvd		102		
	Street Address/PO Box		Suite #		
	Alexandria		VA	22304	
	City		State	Zip Code	
alyia.gaskins@gmail.com		(412) 584-9555			
Email Address		Daytime Phone #			
https://www.alyiaforalexandria.com					
Campaign Website					
Candidate Information					
Candidate Information	Gaskins	Alyia	Smith-Parker		
	Salutation	Last Name	First Name	Middle Name Suffix	
	271 Cameron Station Blvd		102		
	Residence Address		Apt #		
	Alexandria		VA	22304	
	City		State	Zip Code	
	Alexandria City		680800708		
	County or City of Residence		Voter Identification #		
alyia.gaskins@gmail.com		(412) 584-9555			
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.					
Election Information					
Election Information	Member City Council				
	Office Sought		District (if one)		
	Democratic		2021	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special	
	Political Party		Year of Election	Type of Election	



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Treasurer Information					
Treasurer Information	Longton	Andrea	Bishop		
	Salutation	Last Name	First Name	Middle Name Suffix	
	6555 28TH ST N				
	Residence Address		Apt #		
	ARLINGTON		VA		22213
	City		State		Zip Code
	Arlington County		393711254		
	County or City of Residence		Voter Identification #		
ablongton@gmail.com		(502) 592-2862			
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)		
Falls Church 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> N/A </u>			
	Date first expenditure made:	<u> N/A </u>			
	Date campaign depository designated:	<u> N/A </u>			
	Date filing fee paid for party nomination:	<u> N/A </u>			
	Date Statement of Qualification filed:	<u> N/A </u>			
	Date treasurer appointed:	<u> 01/01/2021 </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="margin-top: 20px;"> <i>Andrea Longton</i> Signature </p> <p style="margin-left: 400px; margin-top: 20px;"> 1/2/2021 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="margin-top: 20px;"> <i>[Signature]</i> Candidate's Signature </p> <p style="margin-left: 400px; margin-top: 20px;"> 1/2/2021 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="margin-top: 20px;"> <i>Andrea Longton</i> Treasurer's Signature </p> <p style="margin-left: 400px; margin-top: 20px;"> 1/2/2021 Date </p>