



CITY OF ALEXANDRIA

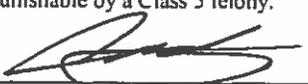
Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE JAN 22 2018

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Friends of Ashkan Bayatpour Name of Candidate Campaign Committee				
	43 E. Taylor Run Parkway Street Address/PO Box				
	Alexandria, VA 22314 City				
	ASHKAN@ASHKANBAYATPOUR.COM Email Address				
	WWW.ASHKANBAYATPOUR.COM Campaign Website				
Candidate Information					
Candidate Information	BAYATPOUR, ASHKAN Salutation Last Name First Name Middle Name Suffix				
	43 E. Taylor Run Pkwy Residence Address				
	Alexandria, VA 22314 City				
	Alexandria County or City of Residence				
	ASHKAN@ASHKANBAYATPOUR.COM Email Address				
Election Information					
Election Information	Alexandria City Council Office Sought				
	Democratic Party Political Party				
	2018 Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information				
Treasurer Information	BAYATPOUR, ASHKAN			
	Salutation	Last Name	First Name	Middle Name
	43 E. Taylor Run Pkwy			
	Residence Address			Apt #
	Alexandria, VA		22314	
	City	State	Zip Code	
	Alexandria		018965044	
County or City of Residence		Voter Identification #		
ASHKAN@ASHKANBAYATPOUR.COM		251-581-5087		
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				
Sun Trust 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:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:	Jan. 22, 2018		
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	N/A		
	Date treasurer appointed:	Jan. 22, 2018		



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Jan 22, 2018</u> Date </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Candidate's Signature </div> <div style="text-align: center;"> <u>Jan 22, 2018</u> Date </div> </div>
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 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Treasurer's Signature </div> <div style="text-align: center;"> <u>Jan 22, 2018</u> Date </div> </div>