



Commonwealth of Virginia
CITY OF ALEXANDRIA
 APR 29 2024
 Voter Registration
 Electoral Board

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement				
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.			
	Date Changes Took Effect	SBE-issued Committee ID		
	04/29/2024	CC-24-00257		
Committee Information				
Committee Information	Friends of Ryan Reyna			
	Name of Candidate Campaign Committee			
	312 E Monroe Ave			
	Street Address/PO Box		Suite #	
	Alexandria	VA	22301	
	City	State	Zip Code	
ryan.reyna@gmail.com		Daytime Phone #		
Email Address		Daytime Phone #		
Campaign Website				
Candidate Information				
Candidate Information	Reyna	Ryan		
	Salutation	Last Name	First Name	Middle Name
	312 E Monroe Ave			
	Residence Address		Apt #	
	Alexandria	VA	22301	
	City	State	Zip Code	
	Alexandria City		919093303	
	County or City of Residence		Voter Identification #	
ryan.reyna@gmail.com		(703) 678-7243		
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 School Board		Election - District A	
	Office Sought		District (if one)	
	Democratic	2024	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May <input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election	




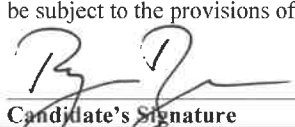

Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Drane	Nancy	Ellen		
	Salutation Last Name	First Name	Middle Name	Suffix	
	25 Forrest Street				
	Residence Address		Apt #		
	Alexandria		VA	22305	
	City		State	Zip Code	
	Alexandria City		919633434		
County or City of Residence			Voter Identification #		
nancydrane@aol.com			(202) 997-0294		
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					
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: _____				
	Date first expenditure made: _____				
	Date campaign depository designated: _____				
	Date filing fee paid for party nomination: _____				
	Date Statement of Qualification filed: _____				
	Date treasurer appointed: <u>04/28/2024</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> 4/29/24 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 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> <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;"> 4/29/24 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 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> <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;"> 4/29/24 Date </div> </div>