

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form. Type of Statement **X** AMENDED □ NEW This committee is filing an amended Statement of Organization. This committee is registering with the Virginia State Board of Elections for the first SBE-issued Committee ID Date Changes Took Effect time. CC-12-00942 08/01/2024 **Committee Information Ebbin for Virginia** Name of Candidate Campaign Committee PO Box 26415 Suite # Street Address/PO Box Committee 22313-641 **VA** Alexandria Information Zip Code State City (571) 384-8957 info@adamebbin.com CITY OF ALEXANDRIA **Email Address** http://www.adamebbin.com Campaign Website **Candidate Information** Voter Registration Electoral Board Adam Hon. **Ebbin** Suffix Middle Name Last Name First Name Salutation 610 1201 Braddock Pl Residence Address Apt# 22314-166 VA Alexandria Candidate Zip Code Information State City 710023408 Alexandria City Voter Identification # County or City of Residence (703) 395-1858 adam@adamebbin.com Daytime Phone # **Email Address** By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** State Senate - 39th District Member, Senate Of Virginia Election District (if one) Office Sought Information

2027

Year of Election

Democratic

Political Party

Revised: January 1, 2012



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Treasurer Information					
	Mr. Barton	Core	, [)eWayne	
Treasurer Information	Salutation Last Name	First N	ame N	Aiddle Name Suffix	
	1300 Army Navy Drive		316		
	Residence Address		Apt#		
	Arlington		VA	22202	
	City		State	Zip Code	
	Arlington County		070605733		
	County or City of Residence		Voter Identification #		
	treasurer@adamebbin.com		(202) 450-0890		
	Email Address		Daytime Phone #		
	By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository					
Bank of America					
Name of Primary Financial Institution		Name o	Name of Other Financial Institution (if applicable)		
Alexandria	Alexandria VA				
City	State		y State		
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action of Date first contribution accepted: Date first expenditure made: Date campaign depository designated:		as not yet occurred for thi 03/01/2011 03/02/2011 02/28/2011	s committee, write "N/A")	
	Date filing fee paid for party nomination				
	Date Statement of Qualification filed:				
	Date treasurer appointed:		08/01/2024		

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Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance report			
Filing Method	☐ File electronically using SBE's Electronic Filing Application.			
	File electronically using an SBE Approved Vendor NGP VAN, Inc. (Please indicate Name of Vendor:)			
	☐ File paper reports.			
	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 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. Candidate's Signature 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			