

CITY OF ALEXANDRIA

JUL 11 2025

Statement of Organization CANDIDATE COMMITTEE

Voter Registration ** *Please read instructions before completing this form.

Flector	al Board	Type of Statement						
□ NEW		☑ AMENDED						
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.						
		Date Changes Took Effect	Date Changes Took Effect SBE-issued Committee					
		06/26/2025	CC-12-00942					
Committee Information								
	Ebbin for Virginia							
	Name of Candidate Camp	aign Committee						
	PO Box 26415							
Committee Information	Street Address/PO Box		Suite #					
	Alexandria		VA	22313-641				
	City		State	Zip Code				
	info@adamebbin.com		(571) 384-8957					
	Email Address	- XI	Daytime Phone #					
	http://www.adamebbin.c	com		4				
	Campaign Website							
		Candidate Information						
	Hon. Ebbin	Adam						
	Salutation Last Name	First Name	Middle Name	Suffix				
	1201 Braddock Pi		610					
	Residence Address		Apt#					
Candidate	Alexandria		VA	22314-166				
Information	City		State	Zip Code				
	Alexandria City		710023408					
	County or City of Residence		Voter Identification #					
	adam@adamebbin.com		(703) 395-1858					
	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	Member, Senate Of Virgi	inia State Senat	te - 39th District					
	Office Sought	District (if one)						
	Democratic	2027	November May	☐Special				
	Political Party	Year of Election	Type of Elect	ion				



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		Tr	reasurer Information			
	Mr.	Salam	Taj	Montag	jue	
	Salutation	Last Name	First Name	Middle N	Name Suffix	
	809 1/2 K	ing St		3		
Treasurer Information	Residence A	Address		Apt#		
	Alexandr	ia		VA	22314-301	
	City			State	Zip Code	
	Alexandria City			401258237		
	County or	City of Residence		Voter Identification #		
	treasurer@adamebbin.com		n	(508) 272-7094		
	Email Addı	ress	Daytime Phone #			
	■ By checking this box, I certify that I am currently registered to vote at the address above.					
		C	ampaign Depository			
Bank of Americ	a					
Name of Primary Financial Institution			Name of Other 1	Financial Institution (if a	pplicable)	
Alexandria		VA				
City		State	City	State		
			Committee Activity			
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
	Date first contribution accepted:		03/01/2	2011		
			03/02/2	2011		
	Date	first expenditure ma	de:			
Dates of Activity	Date	campaign depositor	y designated: 02/28/2	2011		
	Date	filing fee paid for pa	arty nomination:			
				<u></u>		
	Date Statement of Qualification filed: Date treasurer appointed:		08/01/2	0024		
			U8/U1/2	:U 24		

(continued on next page)

Revised: January 1, 2012



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Filing Method						
	Please indicate the method by which this committee will submit all required campaign finance repo					
	☐ File electronically using SBE's Electronic Filin	ng Application.				
Filing Method	Filing Method 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					