



Statement of Organization CANDIDATE COMMITTEE

JUL 20 2022

*Please read instructions before completing this form.

Voter Registration
Electoral Board

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			
06/09/2022	CC-12-00942			
Committee Information				
Committee Information	Ebbin for Virginia			
	Name of Candidate Campaign Committee			
	PO Box 26415			
	Street Address/PO Box	Suite #		
	Alexandria	VA 22313-641		
	City	State		
info@adamebbin.com	571-384-8957 (703) 671-3843			
Email Address	Daytime Phone #			
http://www.adamebbin.com				
Campaign Website				
Candidate Information				
Candidate Information	Hon. Ebbin Adam			
	Salutation Last Name	First Name	Middle Name	Suffix
	1201 Braddock PI	610		
	Residence Address	Apt # 610		
	Alexandria	VA 22314-166		
	City	State	Zip Code	
	Alexandria City	710023408		
	County or City of Residence	Voter Identification #		
adam@adamebbin.com	(703) 395-1858			
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 Senate Of Virginia	State Senate - 30th District		
	Office Sought	District (if one)		
	Democratic	2023	<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	Mr.	Barton	Corey	D
	Salutation	Last Name	First Name	Middle Name Suffix
	1300 Army Navy Dr		316	
	Residence Address		Apt #	
	Arlington	VA	22202	
	City	State	Zip Code	
	Arlington County	070605733		
County or City of Residence		Voter Identification #		
coreybarton14@gmail.com		(703) 228-3456		
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				
Bank of America				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Arlington	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>03/01/2011</u>		
	Date first expenditure made:	<u>03/02/2011</u>		
	Date campaign depository designated:	<u>02/28/2011</u>		
	Date filing fee paid for party nomination:	<u>03/20/2015</u>		
	Date Statement of Qualification filed:	<u>06/09/2022</u>		
	Date treasurer appointed:	<u>03/01/2011</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 style="margin-left: 40px;"> <input type="checkbox"/> File electronically using SBE's Electronic Filing Application. </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor NGP VAN, Inc. (Please indicate Name of Vendor) _____ </p> <p style="margin-left: 40px;"> <input type="checkbox"/> File paper reports. </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>Signature</p> </div> <div style="text-align: center;"> <p style="font-size: 1.2em; margin: 0;">7/12/22</p> <p>Date</p> </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;"> <p>Candidate's Signature</p> </div> <div style="text-align: center;"> <p style="font-size: 1.2em; margin: 0;">7/16/22</p> <p>Date</p> </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;"> <p>Treasurer's Signature</p> </div> <div style="text-align: center;"> <p style="font-size: 1.2em; margin: 0;">7/12/22</p> <p>Date</p> </div> </div>