



Statement of Organization CANDIDATE COMMITTEE

JAN 14 2021

Voter Registration
Electoral Board

*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		
	12/30/2020	CC-20-00406		
Committee Information				
Committee Information	Friends of Abdel Elnoubi			
	Name of Candidate Campaign Committee			
	P.O.11953			
	Street Address/PO Box		Suite #	
	Alexandria		VA 22312	
	City		State Zip Code	
aelnoubi@hotmail.com		Daytime Phone #		
Email Address		Daytime Phone #		
Campaign Website				
Candidate Information				
Candidate Information	Elnoubi	Abdel-Rahman		
	Salutation	Last Name	First Name	Middle Name Suffix
		309 Yoakum Pkwy	505	
	Residence Address		Apt #	
	Alexandria		VA 22304	
	City		State Zip Code	
	Alexandria City		602444385	
	County or City of Residence		Voter Identification #	
aelnoubi@hotmail.com		(347) 217-6297		
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 City Council			
	Office Sought		District (if one)	
	Democratic		2021	
	Political Party		Year of Election	
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special		
		Type of Election		




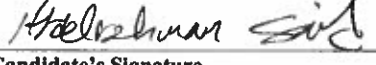
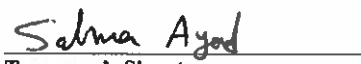
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Treasurer Information				
Treasurer Information	Ayad	Salma		
	Salutation	Last Name	First Name	Middle Name
		309 Yoakum Pkwy	505	
	Residence Address			Apt #
		Alexandria	VA	22304
	City			State
		Alexandria City	725856435	
County or City of Residence		Voter Identification #		
		salma.ayad.87@gmail.com		(917) 703-0911
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				
TD 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:		_____	
	Date first expenditure made:		_____	
	Date campaign depository designated:		_____	
	Date filing fee paid for party nomination:		_____	
	Date Statement of Qualification filed:		_____	
	Date treasurer appointed:		<u>11/25/2020</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> <p style="text-align: center;">  Signature 12/30/20 Date </p>
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> <p style="text-align: center;">  Candidate's Signature 12/30/20 Date </p>
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> <p style="text-align: center;">  Treasurer's Signature 12/30/20 Date </p>