



AUG 24 2015

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.																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">08/15/2015</td> <td style="text-align: center;">CC-12-00942</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	08/15/2015	CC-12-00942																																														
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08/15/2015	CC-12-00942																																																		
Committee Information																																																			
Committee Information	Ebbin for Virginia																																																		
	Name of Candidate Campaign Committee																																																		
	PO Box 26415																																																		
	Street Address/PO Box																																																		
	Suite #																																																		
	22313-641																																																		
City	State	Zip Code																																																	
info@adamebbin.com	703-671-3843																																																		
Email Address	Daytime Phone #																																																		
www.adamebbin.com																																																			
Campaign Website																																																			
Candidate Information																																																			
Candidate Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Hon.</td> <td style="width: 35%; text-align: center;">Ebbin</td> <td style="width: 15%; text-align: center;">Adam</td> <td style="width: 15%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Salutation</td> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Name</td> <td style="text-align: center;">Suffix</td> </tr> <tr> <td></td> <td style="text-align: center;">1201 Braddock PI</td> <td style="text-align: center;">210</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Residence Address</td> <td style="text-align: center;">Apt #</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Alexandria</td> <td style="text-align: center;">VA</td> <td style="text-align: center;">22314-166</td> <td></td> </tr> <tr> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">ALEXANDRIA CITY</td> <td style="text-align: center;">710023408</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">County or City of Residence</td> <td style="text-align: center;">Voter Identification #</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">adam@adamebbin.com</td> <td style="text-align: center;">703-395-1858</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Email Address</td> <td style="text-align: center;">Daytime Phone #</td> <td></td> <td></td> <td></td> </tr> </table>	Hon.	Ebbin	Adam			Salutation	Last Name	First Name	Middle Name	Suffix		1201 Braddock PI	210			Residence Address	Apt #					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 #			
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<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	2015	<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	Mrs.	Friedman	Lori	
	Salutation	Last Name	First Name	Middle Name Suffix
	3324 Valley Dr			
	Residence Address		Apt #	
	Alexandria		VA	22302-211
	City		State	Zip Code
	ALEXANDRIA CITY		713020408	
	County or City of Residence		Voter Identification #	
lorifriedman@comcast.net		703-671-3843		
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:	03/01/2011		
	Date first expenditure made:	03/02/2011		
	Date campaign depository designated:	02/28/2011		
	Date filing fee paid for party nomination:	03/20/2015		
	Date Statement of Qualification filed:	03/20/2015		
	Date treasurer appointed:	03/01/2011		

(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 type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input checked="" 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;"> <u>Lori Friedman</u> Signature <u>8-19-15</u> 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;"> <u>Adam Ubin</u> Candidate's Signature <u>8/19/15</u> 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;"> <u>Lori Friedman</u> Treasurer's Signature <u>8-19-15</u> Date </p>