Form current as of 07/01/2014

STATEMENT OF ECONOMIC INTERESTS

NAME **Justin Marshall Wilson**		Candidate for Election to this office? ____YES ____NO
OFFICE OR POSITION HELD OR SOUGHT **Alexandria City Council**		
AGENCY/BUSINESS NAME **N/A**	PHONE **703-299-1576**	
AGENCY/BUSINESS ADDRESS **300 ASPEN STREET**		
CITY **ALEXANDRIA**	STATE **VA**	ZIP **22305-1835**
NAMES OF MEMBERS OF IMMEDIATE FAMILY **ALEXANDRA ELIZA CRAWFORD-BATT; ELI CRAWFORD WILSON; LENA ELIZA WILSON**		

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.
Return Schedules only if needed to complete Statement.

You may attach additional explanatory information.

1. Offices and Directorships.
Are you or a member of your immediate family a paid officer or paid director of a business? ☐ YES ☒ NO

If yes, complete Schedule A

2. Personal Liabilities.
Do you or a member of your immediate family owe more than $5,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.) ☐ YES ☒ NO

If yes, complete Schedule B

3. Securities.
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of $5,000 invested in one business? Account for mutual funds, limited partnerships and trusts. ☒ YES ☐ NO

If yes, complete Schedule C

4. Payment for Talks, Meetings, and Publications.
During the past six months did you receive in your capacity as an officer or employee of your agency lodging, transportation, money, or anything else of value with a combined value exceeding $200 (i) for a single talk, meeting, or published work or (ii) for a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency ? ☐ YES ☒ NO

If yes, complete Schedule D

5. Gifts.
During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded $50 or (ii) furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded $100, and for which you or the member of your immediate family neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded $50. Account for all business entertainment (except if related to the private profession or occupation of you or the member of your immediate family who received such business entertainment) even if unrelated to your official duties. ☐ YES ☒ NO

If yes, complete Schedule E

6. Salary and Wages.
List each employer that pays you or a member of your immediate family salary or wages in excess of $5,000 annually.
(Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here ☐

National Railroad Passenger Corporation

Department of Defense

7. *Business Interests.*
Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of $5,000 in a business? ☒ YES ☒ NO

If yes, complete Schedule F

8. Payments for Representation and Other Services.

8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of $1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) ☐ YES ☒ NO

If yes, complete Schedule G-1

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past six months in excess of $1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) ☐ YES ☒ NO

If yes, complete Schedule G-2

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of $1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under item 8A or 8B. ☒ YES ☐ NO

If yes, complete Schedule G-3

9. Real Estate.

9A. State Officers and Employees.
Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than $5,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. ☐ YES ☐ NO

If yes, complete Schedule H-1

9B. Local Officers and Employees.
Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at more than $5,000 in real property (other than your principal residence) for which you have not already listed in the full address on Schedule F? Account for real estate held in trust. ☐ YES ☒ NO

If yes, complete Schedule H-2

10. Real Estate Contracts with Governmental Agencies
Do you or a member of your immediate family hold an interest valued at more than $5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than $1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business. ☐ YES ☒ NO

If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

AFFIRMATION BY ALL FILERS.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

SIGNATURE OF FILER

5/16/2015
DATE

Received by go
5/16/15

Statement of Economic Interests

SCHEDULE A

OFFICES AND DIRECTORSHIPS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM

SCHEDULE B

PERSONAL LIABILITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Report personal liability by checking each category. Report only debts in excess of $5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE $5,001 TO $50,000	MORE THAN $50,000
Banks	☐	☐
Savings institutions	☐	☐
Other loan or finance companies	☐	☐
Insurance companies	☐	☐
Stock, commodity or other brokerage companies	☐	☐
Other businesses: (State principal business activity for each creditor and its name.)	☐	☐
_____	☐	☐
_____	☐	☐
Individual creditors: (State principal business or occupation for each creditor and its name.)	☐	☐
_____	☐	☐

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE $5,001 TO $50,000	MORE THAN $50,000
Banks	☐	☐
Savings institutions	☐	☐
Other loan or finance companies	☐	☐
Insurance companies	☐	☐
Stock, commodity or other brokerage companies	☐	☐
Other businesses: (State principal business activity for each creditor and its name.)	☐	☐
_____	☐	☐
_____	☐	☐
Individual creditors: (State principal business or occupation for each creditor and its name.)	☐	☐
_____	☐	☐
_____	☐	☐

SCHEDULE C

SECURITIES

NAME: Justin Marshall Wilson

OFFICE OR POSITION HELD OR SOUGHT: Alexandria City Council

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of $5,000. Name each issuer and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here ____.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		5,001 to 50,000	50,001 to 250,000	More than 250,000
Thrift Savings Plan C Fund	Mutual Fund	☐	☒	☐
Thrift Savings Plan F Fund	Mutual Fund	☐	☒	☐
Thrift Savings Plan G Fund	Mutual Fund	☐	☒	☐
Thrift Savings Plan I Fund	Mutual Fund	☒	☐	☐
Thrift Savings Plan S Fund	Mutual Fund	☐	☒	☐
Yacktman Svc Class	Mutual Fund	☒	☐	☐
Calamos Growth C	Mutual Fund	☒	☐	☐
Columbia Marasco 21st Century	Mutual Fund	☒	☐	☐
Dodge & Cox International Stock	Mutual Fund	☒	☐	☐
First Eagle Global Fund	Mutual Fund	☒	☐	☐
Neuberger Berman Soc Responsive Tr	Mutual Fund	☒	☐	☐
T. Rowe Price Capital Appreciation Fund	Mutual Fund	☒	☐	☐
T. Rowe Price Emerging Markets Stock	Mutual Fund	☒	☐	☐
Texas Instruments Inc.	Stock	☒	☐	☐
Vanguard GNMA	Mutual Fund	☒	☐	☐

SCHEDULE C

SECURITIES

NAME: Justin Marshall Wilson

OFFICE OR POSITION HELD OR SOUGHT: Alexandria City Council

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of $5,000. Name each issuer and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here ____.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE: 5,001 to 50,000	50,001 to 250,000	More than 250,000
Fidelity Contrafund Class K	Mutual Fund	☐	☒	☐
Morgan Stanley Institutional Mid Cap Growth	Mutual Fund	☒	☐	☐
Vanguard Institutional Index Fund	Mutual Fund	☒	☐	☐
Vanguard International Value Fund	Mutual Fund	☐	☒	☐
Vanguard Wellington Fund	Mutual Fund	☐	☒	☐
Starbucks Corporation	Stock	☒	☐	☐
VICE FUND	Mutual Fund	☒	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List each source from which you received during the past six months in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with combined value exceeding $200 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency. Any lodging, transportation, money, or other thing of value received by an officer or employee that does not satisfy the provisions of clause (i), (ii) (a), or (ii) (b) shall be listed as a gift on Schedule E..

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here ____.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g. honoraria, travel reimbursement, etc.)

Statement of Economic Interests

SCHEDULE E

GIFTS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List each business, governmental entity, or individual that, during the past six months, (i) furnished you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded $50, or (ii) furnished you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded $100, and for which you or the member of your immediate family neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded $50. Do not list business entertainment related to the private profession or occupation of you or the member of your immediate family who received such business entertainment. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF RECIPIENT	NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	EXACT GIFT OR EVENT	APPROXIMATE VALUE

Statement of Economic Interests

SCHEDULE F

BUSINESS INTERESTS

NAME: Justin Marshall Wilson

OFFICE OR POSITION HELD OR SOUGHT: Alexandria City Council

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of $5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME		
			50,000 or less	50,001 to 250,000	More than 250,000
136 SANBORN PLACE	ALEXANDRIA, VA	RENTAL PROPERTY	☒	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

Statement of Economic Interests

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of $1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

Only STATE officers and employees should complete this Schedule.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				$1,001 To $10,000	$10,001 To $50,000	$50,001 To $100,000	$100,001 To $250,000	$250,001 And Over
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐

If you have received $250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest $10,000. Amount Received: _____.

SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List the business(es) that have been represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, by persons who are your partners, associates or others with whom you have a close financial association and who received total compensation in excess of $1,000 for such representation during the past six months, excluding representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association.

Identify such business by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

Only STATE officers and employees should complete this Schedule.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY

Statement of Economic Interests

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: Justin Marshall Wilson

OFFICE OR POSITION HELD OR SOUGHT: Alexandria City Council

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of $1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			$1,001 TO $10,000	$10,001 TO $50,000	$50,001 TO $100,000	$100,001 TO $250,000	$250,001 AND OVER
Electric Utilities	☐		☐	☐	☐	☐	☐
Gas Utilities	☐		☐	☐	☐	☐	☐
Telephone Utilities	☐		☐	☐	☐	☐	☐
Water Utilities	☐		☐	☐	☐	☐	☐
Cable Television Companies	☐		☐	☐	☐	☐	☐
Interstate Transportation Companies	☒	Employee—Director, Infrastructure PMO	☐	☐	☐	☒	☐
Intrastate Transportation Companies	☐		☐	☐	☐	☐	☐
Oil or Gas Retail Companies	☐		☐	☐	☐	☐	☐
Banks	☐		☐	☐	☐	☐	☐
Savings Institutions	☐		☐	☐	☐	☐	☐
Loan or Finance Companies	☐		☐	☐	☐	☐	☐
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	☐		☐	☐	☐	☐	☐
Mining Companies	☐		☐	☐	☐	☐	☐
Life Insurance Companies	☐		☐	☐	☐	☐	☐
Casualty Insurance Companies	☐		☐	☐	☐	☐	☐
Other Insurance Companies	☐		☐	☐	☐	☐	☐
Retail Companies	☐		☐	☐	☐	☐	☐
Beer, Wine or Liquor Companies or Distributors	☐		☐	☐	☐	☐	☐
Trade Associations	☐		☐	☐	☐	☐	☐
Professional Associations	☐		☐	☐	☐	☐	☐
Associations of Public Employees or Officials	☐		☐	☐	☐	☐	☐
Counties, Cities or Towns	☐		☐	☐	☐	☐	☐
Labor Organizations	☐		☐	☐	☐	☐	☐
Other	☒	Analyst, Department of Defense	☐	☐	☐	☒	☐

Statement of Economic Interests

SCHEDULE H-1

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at more than $5,000. Each parcel shall be listed individually.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.).	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.

Statement of Economic Interests

SCHEDULE H-2

REAL ESTATE—LOCAL OFFICERS AND EMPLOYEES ONLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest or option, easement, or land contract, valued at more than $5,000. Each parcel shall be listed individually. Also list the names of any co-owners of such property, if applicable.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.)	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.	LIST THE NAMES OF ANY CO-OWNERS, IF APPLICABLE

SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than $10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than $1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

State officers and employees report contracts with state agencies.

Local officers and employees report contracts with local agencies.

List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.

_____

_____

_____

List each governmental agency which is party to the contract and indicate the county or city where the real estate is located.

_____

_____

_____

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.

_____

_____

_____

ATTACHMENTS