

# STATEMENT OF ECONOMIC INTERESTS

## Virginia Conflict of Interest and Ethics Advisory Council

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### Instructions

Pursuant to Sections §2.2-3114 and §2.2-3115 of the *Code of Virginia*, employees of state agencies who have been designated by the Governor or the General Assembly, justices of the Supreme Court, judges and substitute judges, members of governing bodies and school boards, local constitutional officers and employees of local governments designated to file by the *Code of Virginia* or by their governing ordinance, are required to file this Statement of Economic Interests form, set forth in §2.2-3117. Members of certain boards of state and local governments are also required to file this form. Please note that within this form, the use of the words "office" and "officer" also apply to appointed board members.

Candidates for state and local offices are required to file this form pursuant to Section 24.2-502 of the *Code of Virginia*.

The filing of the Statement of Economic Interests is a requirement for employment in designated positions. Additionally, the statement is to be filed semiannually by June 15 and December 15.

The information required on this statement must be provided on the basis of the best knowledge, information and belief of the individual filing the statement as of the date of this report unless otherwise stated.

Schedules A through I are to be completed **ONLY** if you answer "Yes" to any of items 1 through 10 on the Statement of Economic Interests.

State employees and board members should return completed forms to the agency's Conflict of Interests coordinator.

Local employees and board members should return the completed forms to the Clerk of the appropriate governing body.

The Statement of Economic Interests is open for public inspection.

# STATEMENT OF ECONOMIC INTERESTS

Virginia Conflict of Interest and Ethics Advisory Council

NAME <i>Willie F. Bailey</i>		Candidate for Election to this office? ___ YES <input checked="" type="checkbox"/> NO
OFFICE OR POSITION HELD OR SOUGHT <i>City Council</i>		
AGENCY/BUSINESS NAME <i>Alexandria City Gov</i>		
AGENCY/BUSINESS ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS <i>willie.bailey@alexandriava.gov</i>		PHONE <i>703-909-0523</i>
NAMES OF MEMBERS OF IMMEDIATE FAMILY <i>NONE / N/A</i>		

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?  
If yes, complete Schedule A

YES     NO
- 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.)  
If yes, complete Schedule B

YES     NO
- 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.  
If yes, complete Schedule C

YES     NO
- 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 \$100 (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?  
If yes, complete Schedule D

YES     NO
- 6. 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 \$50, 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.  
If yes, complete Schedule E

YES     NO



Statement of Economic Interests

**SCHEDULE B**

PERSONAL LIABILITIES

NAME: Willie F. Bailey Sr.

OFFICE OR POSITION HELD OR SOUGHT: Alexandria City Council

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	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>