



AUG 08 2012

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

| Type of Statement | | | | | |
|--|---|--------------------------|-------------------------|----------|-----------------|
| <input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-12-00313 | <input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <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;">7/1/2012</td> <td style="text-align: center;">510MAYOR-982288</td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID | 7/1/2012 | 510MAYOR-982288 |
| Date Changes Took Effect | SBE-issued Committee ID | | | | |
| 7/1/2012 | 510MAYOR-982288 | | | | |
| Committee Information | | | | | |
| Committee Information | Friends of Bill Euille | | | | |
| | Name of Candidate Campaign Committee | | | | |
| | PO Box 25048 | | | | |
| | Street Address/PO Box | | | | |
| | Suite # | | | | |
| | Alexandria | | | | |
| City | | | | | |
| osukennedy@yahoo.com | | | | | |
| Email Address | | | | | |
| 571.334.3623 | | | | | |
| Daytime Phone # | | | | | |
| Campaign Website | | | | | |
| Candidate Information | | | | | |
| Candidate Information | Euille William | | | | |
| | Salutation Last Name First Name Middle Name Suffix | | | | |
| | 106 E. Nelson Avenue | | | | |
| | Residence Address | | | | |
| | Apt # | | | | |
| | Alexandria | | | | |
| | City | | | | |
| | ALEXANDRIA CITY | | | | |
| County or City of Residence | | | | | |
| Bill@gemglo.com | | | | | |
| Email Address | | | | | |
| 703.307.0851 | | | | | |
| Daytime Phone # | | | | | |
| <input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | | |
| Election Information | | | | | |
| Election Information | Mayor | | | | |
| | Office Sought | | | | |
| | Democratic | | | | |
| | Political Party | | | | |
| Alexandria City | | | | | |
| District (if one) | | | | | |
| 2012 | | | | | |
| Year of Election | | | | | |
| <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | | | | |
| Type of Election | | | | | |



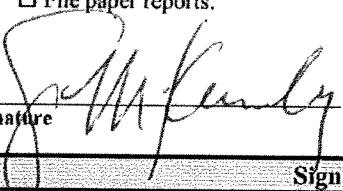
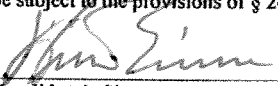
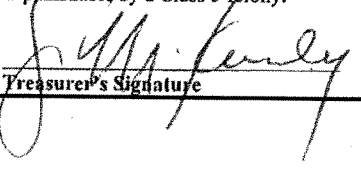
Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|--|---|----------------|---|------------------------|----------|
| Treasurer Information | | Kennedy | Sean | | |
| | Salutation | Last Name | First Name | Middle Name | |
| | 716 Upland Place | | | | |
| | Residence Address | | | Apt # | |
| | Alexandria | | | VA | 22314 |
| | City | | | State | Zip Code |
| | ALEXANDRIA CITY | | | 920174031 | |
| | County or City of Residence | | | Voter Identification # | |
| osukennedy@yahoo.com | | | 571.334.3623 | | |
| 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 | | | | | |
| Virginia Commerce 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: | | | _____ | | |

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

| 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>8/7/12</u> Date </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;">  Candidate's Signature </div> <div style="text-align: center;"> <u>8/7/12</u> Date </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;">  Treasurer's Signature </div> <div style="text-align: center;"> <u>8/7/12</u> Date </div> </div> |