

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.		
		Date Changes Took Effect	SBE-issued Committee ID
		07/26/2016	CC-12-00313
Committee Information			
Committee Information	Friends of Bill Eulle		
	Name of Candidate Campaign Committee		
	PO Box 25048		
	Street Address/PO Box	Suite #	
	Alexandria	VA	22301
	City	State	Zip Code
Email Address		Daytime Phone #	
billeulle@icloud.com		703-307-0851	
billeulle.com			
Campaign Website			
Candidate Information			
Candidate Information	Eulle	William	
	Salutation Last Name	First Name	Middle Name
	602N Fayette St		101
	Residence Address		Apt #
	Alexandria		VA 22314
	City		State Zip Code
	ALEXANDRIA CITY		702022801
County or City of Residence		Voter Identification #	
Bill@gemglo.com		703.307.0851	
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	Mayor		Alexandria City
	Office Sought		District (if one)
	Democratic	2018	<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		Brusick	Jamie		
	Salutation	Last Name	First Name	Middle Name	
	6203 Mountain Spring Court				
	Residence Address			Apt #	
	Clifton			VA	20124
	City			State	Zip Code
	FAIRFAX COUNTY			917188300	
County or City of Residence			Voter Identification #		
jamie.brusick@c2sginc.com			703.554.4470		
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					
United Bank					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Alexandria			VA		
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)



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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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> 7/15/16 _____ 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;"> 7/15/16 _____ 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;"> 7-27-16 _____ Date </div> </div>