Virginia State Board of Elections

CITY OF ALEXANDRIA
Commonwealth of Virginia
JUL 29 2016
Voter Registration
Electoral Board

Statement of Organization
CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ 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

Name of Candidate Campaign Committee: Friends of Bill Euille

Street Address/PO Box: PO Box 25048

Suite #:

City: Alexandria

State: VA

Zip Code: 22301

Email Address: billeuille@icloud.com

Daytime Phone #: 703-307-0851

Campaign Website: billeuille.com

Candidate Information

Candidate Information

Salutation:

Last Name: Euille

First Name: William

Middle Name:

Suffix:

Residence Address: 602 N Fayette St

Apt #: 101

City: Alexandria

State: VA

Zip Code: 22314

County or City of Residence: ALEXANDRIA CITY

Voter Identification #: 702022801

Email Address: Bill@gemglo.com

Daytime Phone #: 703.307.0851

☒ By checking this box, I certify that I am currently registered to vote at the address above.

Election Information

Election Information

Office Sought: Mayor

District (if one): Alexandria City

Political Party: Democratic

Year of Election: 2018

Type of Election: ☒ November ☐ May ☐ Special

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Treasurer Information				
Treasurer Information	Brusick	Jamie		
	Salutation Last Name	First Name	Middle Name	Suffix
	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 #	
	☒ 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	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	Please indicate the method by which this committee will submit all required campaign finance reports: ☒ File electronically using **SBE's Electronic Filing Application.** ☐ File electronically using an **SBE Approved Vendor** (Please indicate Name of Vendor:) _____ ☐ File paper reports. **Signature** _____ **Date** 7/15/16
Signatures	
Candidate's Signature	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 *Code of Virginia*). 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 *Code of Virginia*. 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. **Candidate's Signature** _____ **Date** 7/15/16
Treasurer's Signature	**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 *Code of Virginia*). 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 *Code of Virginia* 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. **Treasurer's Signature** _____ **Date** 7-27-16