



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

Statement of Organization  
Candidate

CITY OF ALEXANDRIA  
JAN 29 2015  
VOTER REGISTRATION  
ELECTORAL BOARD

\*Please read instructions before completing this form.


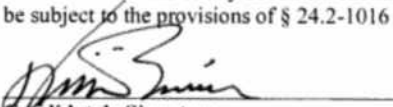
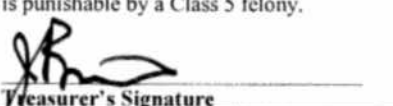
Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">Issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee <b>^ FRIENDS OF BILL EUILLE ^</b>				
	Street Address/PO Box <b>P.O. Box 25048</b>				
	City <b>ALEXANDRIA</b>				
	State <b>VA</b>				
	Zip Code <b>22313</b>				
Committee Information	Email Address <b>bill@gemglo.com</b>				
	Daytime Phone # <b>(703) 307-0851</b>				
Campaign Website <b>EUILLERONMAYOR.COM</b>					
Candidate Information					
Candidate Information	Salutation <b>MR</b>				
	Last Name <b>EUILLE</b>				
	First Name <b>WILLIAM</b>				
	Middle Name <b>JARNAL</b>				
	Suffix <b></b>				
	Residence Address <b>620 N. Fayette St. #101</b>				
	Apt # <b></b>				
Candidate Information	City <b>ALEXANDRIA</b>				
	State <b>VA</b>				
Candidate Information	Zip Code <b>22314</b>				
	County or City of Residence <b>ALEXANDRIA</b>				
Candidate Information	Voter Identification # <b>702 022 801</b>				
	Email Address <b>bill@gemglo.com</b>				
Candidate Information	Daytime Phone # <b>(703) 307-0851</b>				
	<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	Office Sought <b>MAYOR</b>				
	District (if one) <b></b>				
	Political Party <b>DEMOCRAT</b>				
	Year of Election <b>2015</b>				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



Treasurer Information	
Treasurer Information	BRUSICK JAMIE ANTHONY Salutation Last Name First Name Middle Name Suffix
	6203 MOUNTAIN SPRING COURT Residence Address Apt #
	CLIFTON VA. City State Zip Code
	FAULRAX 917188300 County or City of Residence Voter Identification #
	JBRUSICK@VERIZON.NET 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	
ALEX, VA. City State	Name of Other Financial Institution (if applicable) 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: 2005
	Date first expenditure made: 2005
	Date campaign depository designated: 2005
	Date filing fee paid for party nomination: 2005
	Date Statement of Qualification filed: 2005
Date treasurer appointed: 2005	

(continued on next page)



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 ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p> Signature</p> <p><u>1/20/15</u> Date</p>
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 Department 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> <p> Candidate's Signature</p> <p><u>1/20/15</u> Date</p>
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 Department 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> <p> Treasurer's Signature</p> <p><u>JAN. 26, 2015</u> Date</p>