



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

CITY OF ALEXANDRIA  
Statement of Organization  
Candidate  
APR 20 2015  
VOTER REGISTRATION  
ELECTORAL BOARD  
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"> <tr> <td>Date Changes Took Effect</td> <td>Issued Committee ID</td> </tr> <tr> <td>1/26/15</td> <td>CC-12-00313</td> </tr> </table>		Date Changes Took Effect	Issued Committee ID	1/26/15	CC-12-00313
Date Changes Took Effect	Issued Committee ID				
1/26/15	CC-12-00313				
Committee Information					
Committee Information	NAME OF CANDIDATE CAMPAIGN COMMITTEE "FRIENDS OF BILL EUILLE"				
	STREET ADDRESS/PO BOX P.O. Box 25048				
	CITY ALEXANDRIA				
	STATE VA				
	ZIP CODE 22313				
EMAIL ADDRESS bill@gemglo.com	DAYTIME PHONE # (703) 307-0851				
CAMPAIGN WEBSITE EUILLERONMAYOR.COM					
Candidate Information					
Candidate Information	SALUTATION MR				
	LAST NAME EUILLE				
	FIRST NAME WILLIAM				
	MIDDLE NAME DARREN				
	SUFFIX JUNIOR				
	RESIDENCE ADDRESS 620 N. FAYETTE ST. #101				
	CITY ALEXANDRIA				
STATE VA					
ZIP CODE 22314					
COUNTY OR CITY OF RESIDENCE ALEXANDRIA	VOTER IDENTIFICATION # 702 022 801				
EMAIL ADDRESS bill@gemglo.com	DAYTIME PHONE # (703) 307-0851				
<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 MAYOR				
	DISTRICT (IF ONE)				
	POLITICAL PARTY DEMOCRAT				
YEAR OF ELECTION 2015	TYPE OF ELECTION <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



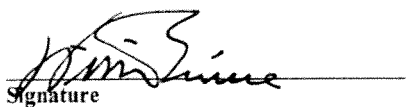
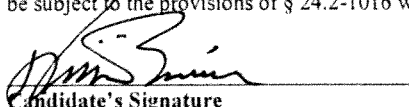

Treasurer Information		
Treasurer Information	BRUSICK JAMIE ANTHONY Salutation Last Name First Name Middle Name Suffix	
	6203 MOUNTAIN SPRING COURT Residence Address Apt #	
	CLIFTON VA. City State Zip Code	
	FAIRFAX 917188300 County or City of Residence Voter Identification #	
	JBRUSICK@VERIZON.NET 703-554-4470 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	Name of Other Financial Institution (if applicable)	
ALEX, 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: 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)



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Statement of Organization  
Candidate

<b>Filing Method</b>	
<b>Filing Method</b>	<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 checked="" type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor:) <u>NGP-VAN</u></p> <p><input type="checkbox"/> File paper reports.</p> <p style="margin-top: 20px;"><u></u> Signature</p> <p style="margin-left: 500px;"><u>1/20/15</u> Date</p>
<b>Signatures</b>	
<b>Candidate's Signature</b>	<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 style="margin-top: 20px;"><u></u> Candidate's Signature</p> <p style="margin-left: 500px;"><u>1/20/15</u> Date</p>
<b>Treasurer's Signature</b>	<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 style="margin-top: 20px;"><u></u> Treasurer's Signature</p> <p style="margin-left: 500px;"><u>JAN. 26, 2015</u> Date</p>