




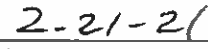

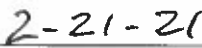
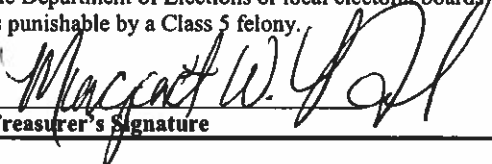
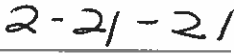
**Statement of Organization
CANDIDATE CAMPAIGN COMMITTEE**

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <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	<p style="text-align: center; font-size: 1.2em;"><i>BILL ROSSELLO FOR CITY COUNCIL</i></p> Name of Candidate Campaign Committee				
	<p style="text-align: center; font-size: 1.2em;"><i>501 CATHEDRAL DRIVE</i></p> Street Address/PO Box Suite #				
	<p style="text-align: center; font-size: 1.2em;"><i>ALEXANDRIA</i></p> City State Zip Code				
	<p style="text-align: center; font-size: 1.2em;"><i>bill.rosello@gmail.com</i></p> Email Address Daytime Phone #				
	Campaign Website				
Candidate Information					
Candidate Information	<p style="text-align: center; font-size: 1.2em;"><i>MR. ROSSELLO</i> <i>WILLIAM</i> <i>CRAIG</i></p> Salutation Last Name First Name Middle Name Suffix				
	<p style="text-align: center; font-size: 1.2em;"><i>501 CATHEDRAL DRIVE</i></p> Residence Address Apt #				
	<p style="text-align: center; font-size: 1.2em;"><i>ALEXANDRIA</i></p> City State Zip Code				
	<p style="text-align: center; font-size: 1.2em;"><i>CITY OF ALEXANDRIA</i></p> County or City of Residence Voter Identification #				
	<p style="text-align: center; font-size: 1.2em;"><i>bill.rosello@gmail.com</i></p> 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	<p style="text-align: center; font-size: 1.2em;"><i>CITY COUNCIL</i></p> Office Sought District (if one)				
	<p style="text-align: center; font-size: 1.2em;"><i>DEMOCRATIC</i></p> Political Party Year of Election				
	<p style="text-align: center; font-size: 1.2em;"><i>2021</i></p> Year of Election Type of Election				



Treasurer Information					
Treasurer Information	Ms.	NEWTON	MARGARET	WREN	
	Salutation	Last Name	First Name	Middle Name	
	501 CATHEDRAL DRIVE		Apt #		
	ALEXANDRIA		VA	22314	
	City	State		Zip Code	
	CITY OF ALEXANDRIA		Voter Identification #		
	bncassello@gmail.com		703-402-5185		
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					
SUNTRUST BANK			Name of Other Financial Institution (if applicable)		
ALEXANDRIA VA			City		
State			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:	2/21/21			
	Date first expenditure made:	NONE YET			
	Date campaign depository designated:	_____			
	Date filing fee paid for party nomination:	_____			
	Date Statement of Qualification filed:	_____			
	Date treasurer appointed:	2/21/21			



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 _____  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 _____  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 _____  Date _____ </p>