



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

SEP 05 2024

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 State Board 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%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">09/01/2024</td> <td style="text-align: center;">CC-24-00023</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	09/01/2024	CC-24-00023
Date Changes Took Effect	SBE-issued Committee ID				
09/01/2024	CC-24-00023				
Committee Information					
Committee Information	Jesse for ALX				
	Name of Candidate Campaign Committee				
	311 Hume Avenue				
	Street Address/PO Box				
	Alexandria				
	City				
jesse@jesseforalx.com					
Email Address					
https://www.jesseforalx.com					
Campaign Website					
Candidate Information					
Candidate Information	O'Connell				
	Jesse				
	Salutation Last Name				
	First Name				
	Middle Name				
	Suffix				
	311 Hume Ave.				
Residence Address					
Alexandria					
City					
Alexandria City					
County or City of Residence					
jesse@jesseforalx.com					
Email Address					
(202) 215-7663					
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	Member City Council				
	Office Sought				
	Democratic				
	Political Party				
District (if one)					
2024					
Year of Election					
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
Type of Election					




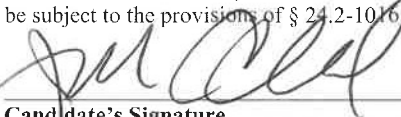
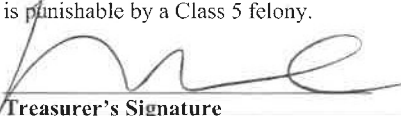
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Treasurer Information					
Treasurer Information	Lee	Nicholas			
	Salutation	Last Name	First Name	Middle Name	
	405 E. Mason Ave				
	Residence Address		Apt #		
	Alexandria		VA	22301	
	City		State	Zip Code	
	Alexandria City		919857565		
County or City of Residence		Voter Identification #			
jesse@jesseforalx.com		(202) 215-7663			
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					
Burke & Herbert 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:	<u>01/25/2024</u>			
	Date first expenditure made:	<u>01/25/2024</u>			
	Date campaign depository designated:	<u>01/08/2024</u>			
	Date filing fee paid for party nomination:				
	Date Statement of Qualification filed:	<u>01/06/2024</u>			
	Date treasurer appointed:	<u>01/07/2024</u>			

(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;"> <p>9-1-24</p> _____ 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;"> <p>9/3/24</p> _____ 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;"> <p>9-1-24</p> _____ Date </div> </div>