



Commonwealth of Virginia
CITY OF ALEXANDRIA
JAN 09 2024
 Voter Registration
 Electoral Board

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-24-00023	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect	SBE-issued Committee ID		
Committee Information					
Committee Information	Jesse for ALX				
	Name of Candidate Campaign Committee				
	311 Hume Ave.				
	Street Address/PO Box	Suite #			
	Alexandria	VA	22301		
	City	State	Zip Code		
	jesseforalx@gmail.com	(317) 460-1513			
Email Address	Daytime Phone #				
	Campaign Website				
Candidate Information					
Candidate Information	O'Connell	Jesse			
	Salutation	Last Name	First Name	Middle Name	Suffix
	311 Hume Ave.				
	Residence Address		Apt #		
	Alexandria	VA	22301		
	City	State	Zip Code		
	Alexandria City	489621583			
	County or City of Residence		Voter Identification #		
jesseforalx@gmail.com		(317) 460-1513			
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	Member City Council				
	Office Sought	District (if one)			
	Democratic	2024	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election		



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information		Lee	Nicholas	
	Salutation	Last Name	First Name	Middle Name
	405 E. Mason Ave		Apt #	Suffix
	Alexandria		VA	22301
	Alexandria City		919857565	
	jesseforalx@gmail.com		(317) 460-1513	
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>1/8/2024</u>	
	Date first expenditure made:		_____	
	Date campaign depository designated:		<u>1/8/2024</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)



Statement of Organization CANDIDATE COMMITTEE

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> <p style="margin-top: 20px;"> </p> <p style="margin-top: 5px;"> 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 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> <p style="margin-top: 20px;"> </p> <p style="margin-top: 5px;"> 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 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> <p style="margin-top: 20px;"> </p> <p style="margin-top: 5px;"> Treasurer's Signature Date </p>