

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

happens Dye		Type of Statement					
☐ NEW This committee is registering with the Virginia State Board of Elections for the first time.		☒ AMENDED					
		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect SBE-issued Committee ID		nittee ID			
		01/25/2024	CC-24-00023				
Committee Information							
Committee Information	Jesse for ALX						
	Name of Candidate Campai	gn Committee					
	2308 Mount Vernon Ave.	#741					
	Street Address/PO Box		Suite #				
	Alexandria		VA	22301			
	City		State	Zip Code			
	jesse@jesseforalx.com		(202) 215-7663				
	Email Address]	Daytime Phone #				
	https://www.jesseforalx.c	om					
	Campaign Website						
Candidate Information							
	O'Conneil	Jesse					
	Salutation Last Name	First Name	Middle Name	Suffix			
	311 Hume Ave.						
	Residence Address	A	Apt#				
Candidate	Alexandria	,	VA	22301			
Information	City	S	itate	Zip Code			
	Alexandria City	4	489621583				
	County or City of Residence		Voter Identification #				
	jesse@jesseforalx.com	((202) 215-7663				
	Email Address	1	Daytime Phone #				
	🛮 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	XNovember □May	Special			
	Political Party	Year of Election	Type of Elect				



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	Treasurer 1	Information	到 被制造 145 其中为166	4 4824 444		
Treasurer Information	Lee Salutation Last Name	Nicholas First Name	Middle Nove	C. C.		
	405 E. Mason Ave	rirst Name	Middle Name	Suffix		
	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 #			
	🛮 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	State		
Committee Activity						
Please provide the following dates. (If an action has not yet occurred for this committee,						
Dates of Activity	Date first contribution accepted:	01/25/202		,,,,,,,		
	-	01/25/202	4			
	Date first expenditure made:	. 01/08/202	<u> </u>			
	Date campaign depository designate	ed: 01/08/202	-			
	Date filing fee paid for party nomina					
	Date Statement of Qualification file	d: 01/06/202	4			
	Date treasurer appointed:	01/07/202	4			

(continued on next page)



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	Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance reports:				
	☑ File electronically using SBE's Electronic Filing Application.				
Filing Method	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
/	Signature 1/30/24 Date				
Signatures					
Candidate's Signature	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 Code of Virginia). 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 Code of Virginia. 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. 1/30/24 Candidate's Signature 1/30/24 Date 1/30/24 Date				
Treasurer's Signature	raccept 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 Code of Virginia). 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 Code of Virginia 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.				