



Statement of Organization CANDIDATE COMMITTEE

*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.			
	Date Changes Took Effect	SBE-issued Committee ID		
	04/03/2024	CC-24-00023		
Committee Information				
Committee Information	Jesse for ALX			
	Name of Candidate Campaign Committee			
	2308 Mount Vernon Ave. #741			
	Street Address/PO Box	Suite #		
	Alexandria	VA	22301	
	City	State	Zip Code	
Email Address		Daytime Phone #		
jesse@jesseforalx.com		(202) 215-7663		
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		Apt #	
	Alexandria	VA	22301	
	City	State	Zip Code	
	Alexandria City	489621583		
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.				
Election Information				
Election Information	Member City Council			
	Office Sought	District (if one)		
	Democratic	2024	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May
	Political Party	Year of Election	Type of Election	
			<input type="checkbox"/> Special	





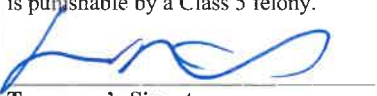
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Treasurer Information				
Treasurer Information	Lee		Nicholas	
	Salutation	Last Name	First Name	Middle Name
	405 E. Mason Ave			
	Residence Address		Apt #	
	Alexandria		VA	22301
	City		State	Zip Code
	Alexandria City		919857565	
County or City of Residence		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:	01/25/2024		
	Date first expenditure made:	01/25/2024		
	Date campaign depository designated:	01/08/2024		
	Date filing fee paid for party nomination:	2/29/24		
	Date Statement of Qualification filed:	01/06/2024		
	Date treasurer appointed:	01/07/2024		

(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 type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor NGP VAN Version 12 (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p style="text-align: center;">  _____ Signature </p> <p style="text-align: right;"> _____ 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="text-align: center;">  _____ Candidate's Signature </p> <p style="text-align: right;"> _____ 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="text-align: center;">  _____ Treasurer's Signature </p> <p style="text-align: right;"> _____ Date </p>