



## Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

MAR 28 2024

Voter Registration  
Electoral Board

\*Please read instructions before completing this form.

Type of Statement											
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <b>CC-24-00192</b>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID								
Date Changes Took Effect	SBE-issued Committee ID										
Committee Information											
<b>Committee Information</b>	<b>Huskey for Council</b> Name of Candidate Campaign Committee <b>29 Ancell St.</b> Street Address/PO Box <span style="float: right;">Suite #</span> <b>Alexandria</b> <span style="float: right;"><b>VA</b> <b>22305</b></span> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <b>jonathan@huskeyforcouncil.com</b> <span style="float: right;"><b>(571) 379-0534</b></span> Email Address <span style="float: right;">Daytime Phone #</span> <b>https://huskeyforcouncil.com</b> Campaign Website										
Candidate Information											
<b>Candidate Information</b>	<table style="width: 100%;"> <tr> <td style="width: 15%;"><b>Mr</b></td> <td style="width: 35%;"><b>Huskey</b></td> <td style="width: 15%;"><b>Jonathan</b></td> <td style="width: 15%;"><b>Paul</b></td> <td style="width: 20%;"></td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> </table> <b>29 Ancell St.</b> Residence Address <span style="float: right;">Apt #</span> <b>Alexandria</b> <span style="float: right;"><b>VA</b> <b>22305</b></span> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> <b>Alexandria City</b> <span style="float: right;"><b>919391192</b></span> County or City of Residence <span style="float: right;">Voter Identification #</span> <b>jonathan@huskeyforcouncil.com</b> <span style="float: right;"><b>(571) 379-0534</b></span> Email Address <span style="float: right;">Daytime Phone #</span> <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.	<b>Mr</b>	<b>Huskey</b>	<b>Jonathan</b>	<b>Paul</b>		Salutation	Last Name	First Name	Middle Name	Suffix
<b>Mr</b>	<b>Huskey</b>	<b>Jonathan</b>	<b>Paul</b>								
Salutation	Last Name	First Name	Middle Name	Suffix							
Election Information											
<b>Election Information</b>	<b>Member City Council</b> Office Sought <span style="float: right;">District (if one)</span> <b>Democratic</b> <span style="float: right;"><b>2024</b> <input type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special</span> Political Party <span style="float: right;">Year of Election</span> <span style="float: right;">Type of Election</span>										



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
<b>Treasurer Information</b>	<b>Deschler</b>	<b>Kathleen</b>		
	Salutation	Last Name	First Name	Middle Name
	<b>4 Washington Cir</b>			
	Residence Address		Apt #	
	<b>Alexandria</b>		<b>VA 22305</b>	
	City		State	Zip Code
	<b>Alexandria City</b>		<b>584536518</b>	
County or City of Residence		Voter Identification #		
<b>kdeschler@gmail.com</b>		<b>(602) 451-3737</b>		
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				
<b>United Bank</b>				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
<b>Alexandria VA</b>				
City	State	City	State	
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	<b>03/24/2024</b>		
	Date first expenditure made:	<b>03/24/2024</b>		
	Date campaign depository designated:	<b>03/25/2024</b>		
	Date filing fee paid for party nomination:	<b>03/24/2024</b>		
	Date Statement of Qualification filed:	<b>03/24/2024</b>		
	Date treasurer appointed:	<b>03/24/2024</b>		

(continued on next page)



## Statement of Organization CANDIDATE COMMITTEE

Filing Method	
<b>Filing Method</b>	<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 <b>SBE's Electronic Filing Application.</b></p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (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="width: 45%;"> <p>Signature </p> </div> <div style="width: 45%;"> <p>Date <u>3/28/24</u></p> </div> </div>
Signatures	
<b>Candidate's Signature</b>	<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="width: 45%;"> <p>Candidate's Signature </p> </div> <div style="width: 45%;"> <p>Date <u>3/28/24</u></p> </div> </div>
<b>Treasurer's Signature</b>	<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="width: 45%;"> <p>Treasurer's Signature </p> </div> <div style="width: 45%;"> <p>Date <u>3/25/24</u></p> </div> </div>