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## STATEMENT OF ORGANIZATION

FORM 1		URGANIZ	ATION		
					Office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
John Beatty	for US	Congress			
<u> </u>					
		40046 Featherbed Ln			
ADDRESS (number a	ind street)				
(Check if a is changed	address d)				
	-,	Lovettsville			20180
				STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	38			
(Check if a is changed	address d)	john@beattyfor.us			
		Optional Second E-Mail Ad	dress		
<ul> <li>(Check if a is changed</li> <li>2. DATE</li> </ul>	d) м / D	https://beattyfor.us			
3. FEC IDENTIFIC	CATION NU	IMBER ► C c	00863951		
	_				
4. IS THIS STATE	MENT ×	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name	of Treasurer	Beatty, John, , ,			
Signature of Treasure	er Beatty	y, John, , ,		Date 01	/ D D / Y Y Y Y 01 2024
NOTE: Submission of	false, errone		may subject the person signing TION SHOULD BE REPORTED		he penalties of 52 U.S.C. §3010
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Beatty, John, , , Candidate State VA Candidate Office REP House Senate President Party Affiliation Sought: District 10 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) (g) This committee is an independent expenditure-only political committee (Super PAC).

	In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

Relationship:

Connected Organization

-	FEC Form 1 (Revised 0	2/200	9)																									Pa	ge 🕻	3		
۷	Vrite or Type Committee Name																															
	John Beatty for l	JS	Cor	ngi	res	SS																										
6.	Name of Any Connected O	rganiz	zation	, Af	filia	ted (	Con	nmi	ttee	e, J	loir	nt F	un	dra	isir	ng I	Rep	ores	sen	tati	ve	, oi	r Lo	eac	ler	shi	ρΡ	OA	Sp	on	sor	
	Mailing Address																															
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7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Beatty, Joh	n,,, 	
Mailing Address	40046 Featherbed Ln	
	Lovettsville VA 20180	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Candidate	Telephone number     703     622     0540	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Beatty, John, , ,
Mailing Address	40046 Featherbed Ln
	Lovettsville VA 20180
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Candidate	Telephone number     703     622     0540

FEC Form 1 (Revised 02	2/20	009	9)																				Pag	ge 4	1		
Full Name of Designated Agent															I	1	1				1		1				
Mailing Address																											
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Title or Position ▼																											
											Tele	eph	one	e n	umt	ber				- [							

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

United B	ank		
Mailing Address	440 E Main St		
	Lovettsville	VA 20180	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲