



Statement of Organization CANDIDATE COMMITTEE

DEC 11 2023

Voter Registration
Electoral Board

*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-23-02476	<input type="checkbox"/> AMENDED 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					
Committee Information	Beaty for School Board				
	Name of Candidate Campaign Committee				
	116a E Glebe Rd				
	Street Address/PO Box Suite #				
	Alexandria VA 22305				
	City State Zip Code				
timbeaty@gmail.com (202) 957-7240					
Email Address Daytime Phone #					
Campaign Website					
Candidate Information					
Candidate Information	Mr. Beaty Timothy James				
	Salutation Last Name First Name Middle Name Suffix				
	116a E Glebe Rd				
	Residence Address Apt #				
	Alexandria VA 22305				
	City State Zip Code				
	Alexandria City 177780857				
	County or City of Residence Voter Identification #				
timbeaty@gmail.com (202) 957-7240					
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 School Board - Special Election - District A				
	Office Sought District (if one)				
	Democratic 2024 <input type="checkbox"/> November <input type="checkbox"/> May <input checked="" type="checkbox"/> Special				
	Political Party Year of Election Type of Election				



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Treasurer Information				
Treasurer Information	Beaty	Norena	Maria	
	Salutation Last Name	First Name	Middle Name	Suffix
	13296B Blueberry Lane		302	
	Residence Address		Apt #	
	Fairfax		VA	22033
	City	State	Zip Code	
	Fairfax County		773731765	
	County or City of Residence		Voter Identification #	
norena.beaty@gmail.com		(240) 274-8707		
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				
Truist				
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:	_____		
	Date first expenditure made:	12/08/2023		
	Date campaign depository designated:	_____		
	Date filing fee paid for party nomination:	_____		
	Date Statement of Qualification filed:	12/05/2023		
	Date treasurer appointed:	12/08/2023		

(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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Signature</p> </div> <div style="text-align: center;"> <p>12/11/2023</p> <p>_____ Date</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Candidate's Signature</p> </div> <div style="text-align: center;"> <p>12/11/2023</p> <p>_____ Date</p> </div> </div>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>12/10/2023</p> <p>_____ Date</p> </div> </div>