

FEC FORM 1

STATEMENT OF ORGANIZATION

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SECRETARY OF THE STATE
PUBLIC AFFAIRS

14 FEB 20 AM 10:35

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Kaine for Virginia

ADDRESS (number and street)

20 West Maple Street

(Check if address is changed)

Alexandria

CITY ▲

VA

STATE ▲

22301-2604

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

katie.buchanan@kaineforva.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.kaineforva.com

2. DATE

MM / DD / YYYY
02 / 14 / 2014

DD / MM / YYYY

YYYY

3. FEC IDENTIFICATION NUMBER ►

C C00495358

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Katherine M Buchanan

Signature of Treasurer

Katherine M Buchanan

Date

MM / DD / YYYY
02 / 14 / 2014

DD / MM / YYYY

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

14020152562

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Timothy M Kaine

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AZ AR CA CO CT DE DC FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY

District 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

14020152563

Write or Type Committee Name

Kaine for Virginia

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Senators for Common Sense

Mailing Address

20 West Maple Street

Alexandria

VA

22301

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Katherine M Buchanan

Mailing Address

20 West Maple Street

Alexandria

VA

22301-2604

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

202

423

4742

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

Warren Thompson

Mailing Address

1521 Hunter Mill Rd

Vienna

VA

22182-1546

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

703

400

3355

14020152564

Full Name of Designated Agent: Katherine M. Buchanan

Mailing Address: 20 West Maple Street
 Alexandria, VA 22301-2604
 CITY STATE ZIP CODE

Title or Position: Assistant Treasurer
 Telephone number: 202-423-4742

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.

Union First Market Bank

Mailing Address: 111 Virginia Street
 Richmond, VA 23219
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address: 1753 Pinnacle Drive
 McLean, VA 22102
 CITY STATE ZIP CODE

14020152565

14020152566



Mr. Robert McAver
90 W. Maple St.
Alexandria, VA 22301-2604



OFFICE OF PUBLIC RECORDS
P.O. Box 77578
Washington, DC 20013-7578

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POST OFFICE

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HARY SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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Date of Receipt

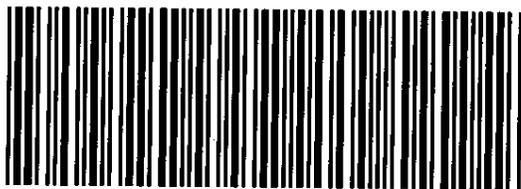
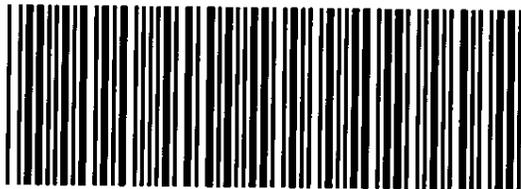
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Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **2-20-14**

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14020152568