**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Virginia 919 East Main Street ADDRESS (number and street) **Suite 2050** (Check if address is changed) Richmond 23219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address britney@vademocrats.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://vademocrats.org/ (Check if address is changed) DATE 2024 C00155952 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Easter, Abbi,, Date 03 28 2024 Signature of Treasurer Easter, Abbi, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State dent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) A. This committee is a STA (National, State	Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 committee. (i.e., nonconnected committee)	segregated fund or party
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 committees/organizations, at least one of which is an authorized committee of a federal cand	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1C	

	FEC Form 1 (Revised 0)	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name	. of Minatial a			
_	Democratic Party		- 1 · 1 · 1 ·		akia BAO O a a a a a
6.	Kaine Action Fund	ganization, Affiliated Committee, Joint Fur	ndraising Representa	itive, or Leader	snip PAC Sponsor
	Name Action Fund				
	Mailing Address	1751 Potomac Greens Dr.			
		Alexandria	VA	22314	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	esentative	Leadership PAC Sponso
7.	Custodian of Records: Identiful books and records.	fy by name, address (phone number optiona	al) and position of the p	person in possess	sion of committee
	Jenkins, Bri	tney, , ,			
		Jeff E Main Street			
	Mailing Address	Suite 2050			
		Richmond	VA	23219	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Title or Position ▼				
	Operations Director		Telephone number	804	644   -   1966
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the ssistant treasurer).	treasurer of the comn	nittee; and the n	ame and address of
	Full Name Easter, Abb	i, , ,			
	of Treasurer	1919 E Main Street			
	Mailing Address	Suite 2050			
		Julie 2000			
		Richmond	V	A 23219	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	804	644   -   1966

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K Street NW	
	Washington DC 200	006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	<b>5</b>		
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representati	ve. or Leadership PAC Spon
Democratic Grassroo			
Mailing Address	430 S Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X	loint Fundraising Represer	ntative Leadership PAC S
Connecte	od Organization Affiliated Committee X		Leadership PAC S
Connecte esignated Agent: Identif	od Organization Affiliated Committee X		Leadership PAC S
esignated Agent: Identification Vess, E	Affiliated Committee X of y by name, address (phone number – optional lise, , ,		Leadership PAC S
esignated Agent: Identification Vess, E	Affiliated Committee X  fy by name, address (phone number – optional lise, , ,  919 E Main St		Leadership PAC S
esignated Agent: Identification  Vess, E Full Name  Mailing Address	Affiliated Committee X  fy by name, address (phone number – optional lise, , ,  919 E Main St  Ste. 2050  Richmond		
esignated Agent: Identification Vess, E	Affiliated Committee X  fy by name, address (phone number – optional lise, , ,  919 E Main St  Ste. 2050  Richmond	) 	23219
Connecte  esignated Agent: Identification  Vess, E  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  afety deposit boxes or mane of Bank,	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional lise, , ,  919 E Main St  Ste. 2050  Richmond  CITY   Ories: List all banks or other depositories in where the committee of the committee	VA STATE  Telephone Number	ZIP CODE <b>A</b> 804
Connecte  esignated Agent: Identification  Vess, E  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  afety deposit boxes or mane of Bank,	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional lise, , ,  919 E Main St  Ste. 2050  Richmond  CITY   Ories: List all banks or other depositories in where the committee of the committee	VA STATE  Telephone Number	ZIP CODE <b>A</b> 804
connected esignated Agent: Identification vess, E Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional lise, , ,  919 E Main St  Ste. 2050  Richmond  CITY   Ories: List all banks or other depositories in where the committee of the committee	VA STATE  Telephone Number	ZIP CODE <b>A</b> 804

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected Biden Victory Fund	Organization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Spon
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	/ by name, address (phone number - option	ai)	
Full Name	J J Hame, address (priorie hamber option	ai)	
Full Name     Mailing Address			
		an)	
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A		ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank,	CITY ▲  ries: List all banks or other depositories in vaintains funds.	STATE A  Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mailane of Bank, Depository, etc.	CITY A  ries: List all banks or other depositories in vaintains funds.	STATE A  Telephone Number	its funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mailane of Bank,	CITY A  ries: List all banks or other depositories in vaintains funds.	STATE A  Telephone Number	its funds, holds accounts, rent

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	·9 · ········		
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3		FEC ID numb	er C
4		FEC ID numb	er C
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spon
Kaine Victory Fund			
Mailing Address	1751 Potomac Greens Dr.		
-			
	Alexandria	, , , , , VA	22314
Relationship:	CITY ▲	STATE	ZIP CODE A
	d Organization Affiliated Committee X  by by name, address (phone number – optional	Joint Fundraising Repres	sentative Leadership PAC Sp
esignated Agent: Identif			Sentative Leadership PAC Sp
esignated Agent: Identif			centative Leadership PAC Sp
esignated Agent: Identif			centative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optiona	NI)	
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esignated Agent: Identif	y by name, address (phone number – optiona	NI)	
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esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor	y by name, address (phone number – optional control of the control	STATE A	ZIP CODE A
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esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	y by name, address (phone number – optional control of the control	STATE A	ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	ng runtoipunt.		
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lame of Any Connected Friends of State Der	I Organization, Affiliated Committee, Joint Funocratic Parties	ndraising Representa	tive, or Leadership PAC Spon
Mailing Address	114 Beauchamp Lane		
	Lafayette	LA	70506
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
		oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X J		entative Leadership PAC Sp
			entative Leadership PAC Sp
esignated Agent: Identi			entative Leadership PAC Sp
esignated Agent: Identi			entative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE 4	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the position of the	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE 4	ZIP CODE A
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and provided the second control of the se	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE 4	ZIP CODE A