Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kaine for Virginia 1751 Potomac Greens Drive ADDRESS (number and street) (Check if address is changed) Alexandria 22314-6233 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS katie.buchanan@timkaine.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://timkaine.com/ (Check if address is changed) DATE 2023 C00495358 FEC IDENTIFICATION NUMBER > 3. X 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. Buchanan, Katherine, M,, Type or Print Name of Treasurer Buchanan, Katherine, M,, [Electronically Filed] 07 27 2023 Signature of Treasurer Date 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

E	C Form 1 (Revised 03/2022)	Page 2
	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 car information below.)	ndidate
	Name of Candidate Kaine, Timothy, Michael, ,	
	Party Affiliation DEM Sought: House Senate President	State VA
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	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 fun committee. (i.e., nonconnected committee)	d 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 for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	/rite or Type Committee Name		
<u> </u>	Kaine for Virgir	IIA rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	Kaine for Common C		
	Mailing Address	1751 Potomac Greens Drive	
		Alexandria VA 22314-	6233
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possess	sion of committee
	Buchanan.	Katherine, M, ,	
	Full Name		
	Mailing Address	1751 Potomac Greens Drive	
		I	
		ı Alexandria	
		7.10.20.10.10.10.10.10.10.10.10.10.10.10.10.10	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		423 - 4742
) <u> </u>	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Buchanan,	Katherine, M, ,	
	of Treasurer		
	Mailing Address	1751 Potomac Greens Drive	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		423

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Burn Designated Agent	chanan, Katherine, M, ,		
Mailing Address	1751 Potomac Greens Drive		
	Alexandria	VA	22314
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		Telephone number 202	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in vor maintains funds.	which the committee deposits fun	ds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
Ar	nalgamated Bank		
Mailing Address	1825 K Street, NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depos	sitory, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi r	1	EEC ID sumbar	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
SENATE IMPAC	Г 2024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint I	Fundraising Representativ	re, or Leadership PAC Spons
KAINE VICTORY	'FUND		
Mailing Address	1751 Potomac Greens Dr		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Affiliated Committee Fy by name, address (phone number – option	Joint Fundraising Represent	tative Leadership PAC Spo
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make a second control of Bank,	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	ories: List all banks or other depositories in v	Telephone Number	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		'	
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	ve, or Leadership PAC Spon
KAINE ACTION I	FUND		
I			
Mailing Address	1751 Potomac Greens Dr		
	Alexandria	, , , , , VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
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esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

r(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	d Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponso
BLUE SENATE 2	<u>?024</u>		
		1 1 1 1 1 1 1 1	
	600 PENNSYLVANIA AVE SE #15180		
Mailing Address			
			20000
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITION	N ▼	STATE ▲	ZIP CODE ▲
1			
		Telephone Number	
		Telephone Number	
Banks or Other Deposit	ories: List all banks or other depositories in w		s funds, holds accounts, rents
Banks or Other Deposite safety deposit boxes or m	ories: List all banks or other depositories in w		s funds, holds accounts, rents
Banks or Other Deposit	ories: List all banks or other depositories in waintains funds.		
Banks or Other Deposite safety deposit boxes or m	ories: List all banks or other depositories in waintains funds.	hich the committee deposit	
Banks or Other Deposits safety deposit boxes or management Name of Bank, Depository, etc.	ories: List all banks or other depositories in waintains funds.	which the committee deposit	
Banks or Other Deposits safety deposit boxes or management Name of Bank, Depository, etc.	ories: List all banks or other depositories in water all banks.	which the committee deposit	