

Image# 202601299794422591

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Warner, Mark, Robert, ,		
(b) Address (number and street) 201 North Union St Suite 300		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Alexandria VA 22314		2. Candidate's FEC Identification Number S6VA00093
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate
6. State & District of Candidate VA		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Mark Warner		
(b) Address (number and street) 1490-5A Quarterpath Rd #213		
(c) City, State, and ZIP Code Williamsburg VA 23185		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) One Virginia Fund		
(b) Address (number and street) 1490-5A Quarterpath Rd #213		
(c) City, State, and ZIP Code Williamsburg VA 23185		

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

Signature of Candidate Warner, Mark, Robert, ,	Date 01/29/2026
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 2 of 2**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Mark Warner Victory Fund

(b) Address (number and street)

1490-5A Quarterpath Rd
#213

(c) City, State, and ZIP Code

Williamsburg

VA

23185

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Mark Warner Action Fund

(b) Address (number and street)

1490-5A Quarterpath Rd
#213

(c) City, State, and ZIP Code

Williamsburg

VA

23185

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Virginia Senate Victory 2026

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington

DC

20002

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code