FEC

Only

STATEMENT OF

PAGE 1 / 10 ·

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 (Check if address katie.buchanan@timkaine.com is changed) Optional Second E-Mail Address KBuchanan.Inc@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00495358 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 Buchanan, Katherine, M, Buchanan, Katherine, M., Date 04 16 2024 Signature of Treasurer 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	EC 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 information below.)	candidate
	Name of Candidate Kaine, Timothy, Michael, ,	
	Candidate Party Affiliation DEM Office Sought: House X Senate President	State VA District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.001
	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	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	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 committee. (i.e., nonconnected committee)	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 PAG	3).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1 (Revised 0.	2/2009)	Page 3
V	Irite or Type Committee Name		
	Kaine for Virginia	a e e e e e e e e e e e e e e e e e e e	
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Kaine for Common G	round PAC	
	Mailing Address	1751 Potomac Greens Drive	1
	ag / taa.eee		
		Alexandria VA 22314-6	5233
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possessi	ion of committee
	Ruchanan	Katherine, M, ,	
	Full Name		
	Mailing Address	1751 Potomac Greens Drive	
		1	1
		Alexandria VA 22314	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A
	Treasurer	Telephone number	423 - 4742 -
		•	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	ame and address of
		Katherine, M, ,	
	of Treasurer		
	Mailing Address	1751 Potomac Greens Drive	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	423 - 4742

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Buchanan, Katherine, M, ,	
Mailing Address	1751 Potomac Greens Drive	
	Alexandria	22314
Title or Position	CITY ▲ STAT	E ▲ ZIP CODE ▲
Treasurer	Telephone number	202 - 423 - 4742
	Depositories: List all banks or other depositories in which the committee depoxes or maintains funds.	osits funds, holds accounts, rents
Name of Bank, I	Depository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K Street, NW	
	Washington DC	20006
	CITY ▲ STATE	E ▲ ZIP CODE ▲
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY ▲ STATE	ZIP CODE ▲

_		10	
Page	of	10	

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
SENATE IMPACT 2	024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC S
		oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		ont Fundraising Representa	Leadership PAC S
esignated Agent: Ident		ont Fundraising Representation	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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

Page ___ **of** ____

d Organization, Affilia UND 1751 Potomac Gr Alexandria ed Organization		F	FEC ID number	22314	PAC Spons
1751 Potomac Granization	eens Dr	F	FEC ID number FEC ID number IN THE SEC ID	e, or Leadership	PAC Spons
1751 Potomac Granization	eens Dr	F	Representativ	e, or Leadership	PAC Spons
1751 Potomac Granization	eens Dr		ng Representativ	e, or Leadership	PAC Spons
1751 Potomac Granization	eens Dr	oint Fundraisin	VA	22314	PAC Spons
1751 Potomac Granization	eens Dr	oint Fundraisin	VA	22314	PAC Spons
1751 Potomac Grands Alexandria	CITY A				
Alexandria Alexandria Ted Organization	CITY A				- -
Alexandria Alexandria Ted Organization	CITY A				-
ed Organization					1-1
ed Organization					<u> </u>
ed Organization					-
		_		710	
	Affiliated Committee		SIAIL	ZIP	CODE A
N ▼	CITY A		STATE ▲	ZIP (CODE A
		Teleph	one Number		
it	ON ▼ itories: List all banks of maintains funds.	itories: List all banks or other depositories	Teleph itories: List all banks or other depositories in which the	Telephone Number itories: List all banks or other depositories in which the committee deposit	Telephone Number =

Pogo	of	10	
Page	OT		

1.		g Participant:				
				FEC II	number	C
2				FEC II	number	C
3.				FEC II	number	C
4.		1 1 1 1 1 1		FEC II	number	C
lame of	f Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Re	oresentative	e, or Leadership PAC Spons
KAIN	E ACTION FUNI)				
Ма	ailing Address	1751 Potomac G	reens Dr			
						<u> </u>
		Alexandria			VA	22314
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full I	Name					
Maili	ng Address	1				
	LE OR POSITION	\	CITY A		STATE A	ZIP CODE A

Paga	of ¹⁰	
Page	OI 1	

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
BLUE SENATE 2024	4 		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
Connecte		int Fundraising Representa	ative Leadership PAC Sp
Connecte		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification 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 aintains funds.	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 aintains funds.	STATE A Telephone Number	ZIP CODE A

_		10	
Page	of	10	

1.							
				FEC II	O number	C	
2. 🔟				FEC II	O number	С	
3				FEC II	O number	С	
4.	1 1 1 1 1			 FEC II	O number	С	
lame of A	Any Connected	Organization, Affili	ated Committee, Joint	Fundraising Re	presentative	e, or Leaders	ship PAC Spon
JUSTIC	CE 2024						
Maili	ng Address	600 PENNSYLVA	ANIA AVE SE				
		#15180					
		WASHINGTON			DC	20003	
					STATE A		ZIP CODE ▲
			CITY ▲ Affiliated Committee (phone number – option	S Joint Fundraising		ative Le	eadership PAC Sp
	Connected d Agent: Identify		Affiliated Committee			ative Le	
esignated	Connected d Agent: Identify		Affiliated Committee			ative Le	
esignated	Connected d Agent: Identify		Affiliated Committee			ative Le	
esignate Full Na	Connected d Agent: Identify		Affiliated Committee			ative Le	
esignated Full Na Mailing	Connected d Agent: Identify	by name, address	Affiliated Committee	nal)			

	_	10	
Page	of		

Organization, Affiliated Committee, Joint Fun	FEC ID number	
Organization, Affiliated Committee, Joint Fun	FEC ID number	С
Organization, Affiliated Committee, Joint Fun		
Organization, Affiliated Committee, Joint Fun	FEC ID number	С
Organization, Affiliated Committee, Joint Fun		<u> </u>
Organization, Affiliated Committee, Joint Fun		
	ndraising Representative,	or Leadership PAC Spons
VICTORY FUND		
404 WASHINGTON STREET		
124 WASHINGTON STREET		
SUITE 101		
FOXBORO	MA MA	02035
CITY ▲	STATE ▲	ZIP CODE ▲
		1 , , , , 1-1 , ,
CITY A	STATE ▲	ZIP CODE A
•	STATE ▲ Telephone Number	ZIP CODE A
	FOXBORO CITY A	SUITE 101 FOXBORO CITY STATE d Organization Affiliated Committee X Joint Fundraising Representation