## M (37) 1 M ( man) 1 \*\* K. (lain)

FEC FORM 1

## STATEMENT OF ORGANIZATION

PAGE 1 / 4

SECRETARY OF THE SENATE

PUBLIC RECORDS

2018 APR 25 PM 12: 14

| NAME OF     COMMITTEE (in full) | (Check if name is changed)  | Example: If typing, to over the lines.  | ype 12FE4M5                           |
|---------------------------------|---|---|---------------------------------------|
| Katie McGinty for Se            | nate  |   |                                       |
|                                 |   | and to the grade  |                                       |
| ADDRESS (number and stree       | et) 1751 Potomac Greens Dr  |   |                                       |
|                                 |   |   |                                       |
| (Check if address is changed)   | Alexandria<br>CITY  | VA         22314-623           STATE         ZIP CO                                 |                                       |
| COMMITTEE'S E-MAIL ADD          | RESS (Please provide only one e-m   | ail address)  |                                       |
| (Check if address is changed)   | kbuchanan.inc@gmail.com   | m .   |                                       |
| g,                              |   |   |                                       |
| COMMITTEE'S WEB PAGE            | ADDRESS (URL)   |   |                                       |
| (Check if address is            |   | <u> </u>  | · · · · · · · · · · · · · · · · · · · |
| □ changed)                      |   |   |                                       |
| 2: DATE 04/19/                  | (2018   |   |                                       |
| 3. FEC IDENTIFICATION I         | NUMBER C C005828  | 809   |                                       |
| 4. IS THIS STATEMENT            | □NEW (N) OR   | ✓AMENDED (A)  |                                       |
| I certify that I have examined  | this Statement and to the best of m   | y knowledge and belief it is true,  | correct and complete.                 |
| Type or Print Name of Treas     | urer Buchanan, Katherine  | е, М, ,   |                                       |
| Signature of Treasurer          |   |   | Date 4/19/2018                        |
| NOTE: Submission of false,      | erroneous, or incomplete information may s<br>ANY CHANGE IN INFORMATION SHO | subject the person signing this Statement<br>OULD BE REPORTED WITHIN 10 DAYS        | to the penalties of 2 U.S.C 437g.     |
| Office<br>Use<br>Only           | Fed   | r further information contact:<br>deral Election Commission<br>Il-free 800-424-9530 | FEC FORM 1<br>(Revised 06/2012)       |

Local 202-694-1100

| 5.                   | TYPE OF COMMITTEE              |  |  |  |
|----------------------|--------------------------------|--|--|--|
| Candidate Committee: |                                |  |  |  |
|                      | (a) This co                    | committee is a principal campaign committee. (Complete the candidate information below.)   |  |  |
|                      |                                | committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate nation below.)  |  |  |
|                      | Name of<br>Candidate           | McGinty, Kathleen, , ,   |  |  |
|                      | Candidate<br>Party Affiliation | Office State PA  DEM Sought House Senate President District  |  |  |
|                      | (c) This c                     | committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |  |
|                      | Name of<br>Candidate           |  |  |  |
|                      | Party Committee                | ttee:  |  |  |
|                      | (d) This con                   | ommittee is a (National, State or subordinate) committee of the Republican, etc.) Party.   |  |  |
|                      | Political Action               | on Committee (PAC):  |  |  |
|                      | (e) This con                   | ommittee 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 concommittee          | ommittee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party ittee. (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 Fundraisi                | sing Representative:   |  |  |
|                      | (g) This co                    | committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political nittees/organizations, at least one of which is an authorized committee of a federal candidate. |  |  |
|                      | □commit                        | committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political<br>nittees/organizations, none of which is an authorized committee of a federal candidate.      |  |  |
|                      | Committe                       | ttees Participating in Joint Fundraiser  |  |  |
|                      | 1                              | FEC ID Number C  |  |  |
|                      | 2.                             | FEC ID Number C  |  |  |
|                      | <b>3</b> .                     | FEC ID Number C  |  |  |
|                      | 4.                             | FEC ID Number C  |  |  |

Treasurer

|    | FEC FORM I (RE      | evised 02/2009)                           |  | Page 3                          |
|----|---------------------|---|--|---------------------------------|
| v  | Vrite or Type Commi | itee Name                                 |  |                                 |
|    | atie McGinty f      |   |  |                                 |
|    | ,                   |   |  |                                 |
|    |                     |   |  |                                 |
| ŝ. | Name of Any Con     | nected Organization, Affiliated Committe  | ee. Joint Fundraising Representati   | ve. or Leadership PAC Sponsor   |
|    | NONE                |   | ,  | ,                               |
|    |                     |   |  |                                 |
|    | Mailing Address     |   |  |                                 |
|    | Mailing Address     |   |  | · ·                             |
|    | _                   |   |  |                                 |
|    |                     |   |  |                                 |
|    | -                   | CITY                                      | STATE  | ZIP CODE                        |
|    |                     |   |  |                                 |
|    | Relationship:       |   |  |                                 |
|    | Connected O         | rganization Affiliated Committee          | Joint Fundraising Representa   | ative Leadership PAC Sponsor    |
|    |                     |   |  |                                 |
|    |                     |   | A Page 1   |                                 |
|    |                     |   |  |                                 |
|    |                     |   | 4.1  |                                 |
| 7. |                     | rds: Identify by name, address (phone num | ber – optional) and position of the pe   | rson in possession of committee |
|    | books and records   |   |  |                                 |
|    | Full Name Buch      | nanan, Katherine, M, ,                    | on the state of th |                                 |
|    | Mailing Address     | 1751 Potomac Greens Dr                    | 17 14  |                                 |
|    | g                   |   |  |                                 |
|    |                     |   | <u></u>  |                                 |
|    |                     | Alexandria                                | VA VA  | 22314-6233                      |
|    |                     | CITY                                      | STATE  | ZIP CODE                        |
|    | Title or Position   | **  |  |                                 |
|    | Treasurer           |   | Telephone Number (202) 4   | 123-4742                        |
|    |                     |   |  |                                 |
|    |                     |   |  |                                 |
| 8. | Tressurer: List the | name, address (phone number optional)     | of the treasurer of the committee: an  | d the name and address of any   |
| ٠. | designated agent (  | e.g., assistant treasurer).               | of the deadard of the dominico, an   | a the hame and address of any   |
|    | Full Name 20 13     | Year the section of the                   |  |                                 |
|    |                     | nanan, Katherine, M, ,                    |  |                                 |
|    | Mailing Address     | 1751 Potomac Greens Dr                    |  |                                 |
|    |                     |   |  |                                 |
|    |                     | Alexandria                                | VA   | 22314-6233                      |
|    |                     | CITY                                      | STATE  | ZIP CODE                        |
|    | Title on Decision   |   |  | •                               |
|    | Title or Position   |   |  |                                 |

(202) 423-4742

Telephone Number

| FEC Form                            | n 1 (Revised                                       | 02/2009)                                      |                |                     |              |              |             | Page         | 4            |
|-------------------------------------|--|---|----------------|---------------------|--------------|--------------|-------------|--------------|--------------|
| ull Name of<br>esignated<br>gent    | Buchanar   | n, Katherine                                  | , M, ,         |                     |              |              |             |              |              |
| lailing Address                     | 1751 P   | otomac Green                                  | ns Dr          |                     |              |              |             |              |              |
|                                     | Alexan   | dria<br>CITY                                  |                |                     | VA<br>STATE  |              | 22314       | ZIP CODI     |              |
| itle or Position<br>reasurer        |  |   |                | Telephone           |              | (202) 42     | 3-4742      |              |              |
|                                     |  |   |                |                     |              |              |             | V-64         | -            |
|                                     |  |   |                |                     |              |              |             |              |              |
| Banks or Ot                         | her Denosito                                       | rige: List all banks                          | s or other den | positorios in which | h tho sommit | too donosit  | a funda ha  |              |              |
| deposit boxe                        | es or maintai                                      | ry, etc.                                      | s or other dep | ositories in whic   | h the commit |              | s funds, ho | ds accounts, | rents safety |
| deposit boxe                        | es or maintai<br>nk, Deposito<br>Wells Fa          | ns funds.<br>ry, etc.                         |                | 100 pt 1            |              |              | s funds, ho | ds accounts, | rents safety |
| deposit boxe                        | es or maintai<br>nk, Deposito<br>Wells Fa          | ns funds.<br>y, etc.                          | Drive (        |                     |              |              | s funds, ho | ds accounts, | rents safety |
| deposit boxe                        | es or maintain nk, Depositor Wells Fa ress 175     | ns funds.<br>y, etc.                          |                | 100 pt 1            | VA           | tee deposits |             | ds accounts, |              |
| deposit boxe                        | es or maintain nk, Depositor Wells Fa ress 175     | ns funds. y, etc. argo 3 Pinnacle I           | Drive (        |                     | VA           | tee deposits |             | 102          |              |
| deposit boxe Name of Ba Mailing Add | es or maintain nk, Depositor Wells Fa ress 175     | ns funds.  ry, etc.  3 Pinnacle    cean  CITY | Drive (        |                     | VA           | tee deposits |             | 102          |              |
| deposit boxe Name of Ba Mailing Add | es or maintain nk, Depositor Wells Fa ress 175 McI | ns funds.  ry, etc.  3 Pinnacle    cean  CITY | Drive (        |                     | VA           | tee deposits |             | 102          |              |
| Name of Ba                          | es or maintain nk, Depositor Wells Fa ress 175 McI | ns funds.  ry, etc.  3 Pinnacle    cean  CITY | Drive (        |                     | VA           | tee deposits |             | 102          |              |



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HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

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SEN PATCH



SEN PATCH