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FEC FORM 2

STATEMENT OF CANDIDACY

1.									
	(a) Name of Candidate (in full)								
	Kaine, Timothy, Michael, ,	5 0	book if oddro			O Condida	to's FFO Identi	fication N	una h a z
	(b) Address (number and street) 1490-5A Quarterpath Road #272	ŁIC	heck if addres	ss cnanged		S2VA0	te's FEC Identi 0142	fication in	umber
	(c) City, State, and ZIP Code					3. Is This			Amended
	Williamsburg		VA	2318		Statem	()	OR	× (A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candid	late		
	DEMOCRATIC PARTY	Senate			VA				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	N COMMI	TTEE		
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal	Campaign Comr	mittee for the	2024 (year of election	electio on)	n(s).
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	Kaine for Virginia								
	(b) Address (number and street)								
	1490-5A Quarterpath Road #2	272							
	(c) City, State, and ZIP Code								
	Williamsburg				VA	23185			
	DE	SIGNATIO	N OF OTI	HER AU	THORIZED	COMMIT	TEES		
		(1	Including Join	t Fundraisin	g Representativ	res)			
8	I hereby authorize the following nam	ned committee	which is NOT	Γ my nrincin	al campaign con	nmittee to re	ceive and expe	and funds	on behalf of my
0.	candidacy.	ica committee,	Willon IS NO	i iiiy piiiloip	ai campaign con	minitoo, to re-	ocive and expe	ina ranas	on benan of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee.				
	(a) Name of Committee (in full)								
	(a) Name of Committee (in full) Kaine Victory Fund								
	Kaine Victory Fund								
		72							
	Kaine Victory Fund (b) Address (number and street)	72							
	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code	.72			VA	23185			
	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2	72			VA	23185			
	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code		ement and to	the best of			true, correct a	nd comple	vte.
	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg		rement and to	the best of			true, correct a	nd comple	ete.
Sig	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg		rement and to	the best of		and belief it is		nd comple	ete.
Sig	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg I certify that I have exained		ement and to	the best of		and belief it is		nd comple	ete.
Się Ka	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg I certify that I have exained	mined this Stat			my knowledge a	Date 06/25/202	24		
Się Ka	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg I certify that I have exa gnature of Candidate taine, Timothy, Michael,	mined this Stat			my knowledge a	Date 06/25/202	24		
Się Ka	Kaine Victory Fund (b) Address (number and street) 1490-5A Quarterpath Road #2 (c) City, State, and ZIP Code Williamsburg I certify that I have exa gnature of Candidate taine, Timothy, Michael,	mined this Stat			my knowledge a	Date 06/25/202	24		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)						
	Kaine for Common Ground PAC						
	(b) Address (number and street)						
	1490-5A Quarterpath Road #272						
	(c) City, State, and ZIP Code						
	Williamsburg	VA	23185				
8.	I hereby authorize the following named committee, which is N candidacy. NOTE : This designation should be filed with the property of the control of the con						
	(a) Name of Committee (in full)						
	Kaine Action Fund						
	(b) Address (number and street) 1490-5A Quarterpath Road #272						
	(c) City, State, and ZIP Code						
	Williamsburg	VA	23185				
8.	I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the properties (a) Name of Committee (in full) Justice 2024						
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				
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)						
	Senate IMPACT 2024						
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)						
	Illinois Virginia Victory Fund						
	(b) Address (number and street)						
	124 Washington St Ste 101						
	(c) City, State, and ZIP Code			_			
	Foxboro	MA	02035				
8.	I hereby authorize the following named committee, which is I candidacy. NOTE : This designation should be filed with the p		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	Dem Senate Victory 2024						
	(b) Address (number and street)						
	611 Pennsylvania Ave SE						
	Unit 143 (c) City, State, and ZIP Code						
	Washington	DC	20003				
	vvasnington	DC	20003				
8.	I hereby authorize the following named committee, which is I candidacy. NOTE: This designation should be filed with the particle. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		mmittee, to receive and expend funds on behalf of my				
8.	I hereby authorize the following named committee, which is I candidacy. NOTE : This designation should be filed with the I (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my				
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						