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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) ☐ Check if address changed
201 North Union St
Suite 300

2. Candidate's FEC Identification Number
S6VA00093

(c) City, State, and ZIP Code
Alexandria VA 22314

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
Senate

6. State & District of Candidate
VA

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

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	**Date**
Warner, Mark, R., ,	04/15/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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