

STATEMENT OF ECONOMIC INTERESTS

NAME	Timothy M. Kaine			Candidate for Election to this office?	
OFFICE OR POSITION HELD OR SOUGHT	Governor of Virginia			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
AGENCY/BUSINESS NAME	Office of the Governor			PHONE	786-2211
AGENCY/BUSINESS ADDRESS	Capitol Square				
HOME ADDRESS (Street or P.O. Box)	Executive Mansion			PHONE	
CITY	Richmond			STATE	VA ZIP 23219
NAMES OF MEMBERS OF IMMEDIATE FAMILY	Anne Holton (wife) - Nat, Woody, Annelise				

1. Offices and Directorships.
Are you or a member of your immediate family a paid officer or paid director of a business?
If yes, complete Schedule A
 YES NO
2. Personal Liabilities.
Do you or a member of your immediate family owe more than \$10,000 to any one creditor including contingent liabilities?
(Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)
If yes, complete Schedule B
 YES NO
3. Securities.
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000 invested in one business? Account for mutual funds, limited partnerships and trusts.
If yes, complete Schedule C
 YES NO
4. Payment for Talks, Meetings, and Publications.
During the past 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as an officer or employee of your agency?
If yes, complete Schedule D
 YES NO
5. Gifts.
During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties.
If yes, complete Schedule E
 YES NO
6. Salary and Wages.
List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

Tim Kaine - Commonwealth of Virginia
 Anne Holton - Commonwealth of Virginia
 (cont'd 12/15/05 retirement)

7. **Business Interests.**
Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business?
 YES NO

If yes, complete Schedule F

8. **Payments for Representation and Other Services.**

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.)
 YES NO

If yes, complete Schedule G-1

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.)
 YES NO

If yes, complete Schedule G-2

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia for which total compensation in excess of \$1,000 was received during the past 12 months?
 YES NO

If yes, complete Schedule G-3

9. **Real Estate.**

9A. **State Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.
 YES NO

If yes, complete Schedule H-1

9B. **Local Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property located in the county, city or town in which you serve or in a county, city or town contiguous to the county, city or town in which you serve (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.
 YES NO

If yes, complete Schedule H-2

10. **Real Estate Contracts with Governmental Agencies**
Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business.
 YES NO

If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

NOTE: You MUST acknowledge your signature below before a Notary Public and the Notary Public must administer an oath and complete the acknowledgment portion of the "Affirmation By All Filers."

AFFIRMATION BY ALL FILERs.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

SIGNATURE OF FILER

DATE

COMMONWEALTH OF VIRGINIA

city/county of Richmond to wit:

The foregoing disclosure form was acknowledged before me this 12th day January, 20 06
by Timothy M. Kaine

NAME OF FILER

My commission expires 2/28/07

Betty L. Sgurei
NOTARY PUBLIC

SCHEDULE C**SECURITIES**NAME: Tim KaineOFFICE OR POSITION HELD OR SOUGHT: Governor

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts. **"SECURITIES"** EXCLUDES certificates of deposit money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

NAME OF ISSUER	TYPE OF ENTITY	TYPE OF SECURITY (STOCK, BONDS, MUTUAL OR MONEY MARKET FUNDS, ETC.)	CHECK ONE	
			\$10,001 TO \$50,000	MORE THAN \$50,000
Fidelity Suntrust	Mutual Fund Bank	College Savings 401 (k)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Sprint	Bank	Money Mkt Fund	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Brilliant Horizons	Childcare Company	Stock	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
GE	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Bristol Myers Squibb	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chevron Texaco	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Coca-Cola	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Exxon Mobil	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
AT&T	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
IDFA Tax Fund	Mutual Fund	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Schlesinger Municipal Fund	Mutual Fund	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Kimberly Clark	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Duke Energy	Company	College Savings Trust	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

* My three children are each 1/7 beneficiaries of a College Trust with these reportable holdings.

Statement of Economic Interests

SCHÉDULE D

PAYMENT FOR TALKS, MEETINGS AND PUBLICATIONS

NAME:

OFFICE OR POSITION HELD OR SOUGHT: Governor

List each source from which you received during the past 12 months lodging, transportation, money, or any other thing of value (excluding meals or drinks coincident with a meeting) with combined value exceeding \$200 for your presentation of a single talk, participation in one meeting, or publication of a work in your capacity as an officer or employee of your agency.

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (E.G. HONORARIUM, TRAVEL REIMBURSEMENT, ETC.)
Virginia Trial Lawyers Assn.	\$300	1 Night lodging at Homestead during annual Meeting	Lodging Expense
Virginia Bar Association	\$800	2 Nights lodging at Greenbrier	Lodging Expense for wife and family

Statement of Economic Interests

SCHEDULE E

GIFTS

NAME:

Tim Karr

OFFICE OR POSITION HELD OR SOUGHT: Governor

List each business, governmental entity, or individual that, during the past 12 months, (i) furnished you with any gift or entertainment at a single event and the value received by you exceeded \$50 in value, or (ii) furnished you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50 in value. Do not list business entertainment related to your private profession or occupation. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

