FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
16 JAN 29 PM 3:40
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

RON DESANTIS FOR FLORIDA

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

PO BOX 1425

PONTE VEDRA BEACH — CITY ▲
FL — STATE ▲
32004 - ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS ☐ ◀ (Check if address is changed)

TIM@KOCHANDHOOS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) ☐ ◀ (Check if address is changed)

WWW.DESANTIS2016.COM

2. DATE 01 / 28 / 2016

3. FEC IDENTIFICATION NUMBER ▶ C C00511568

4. IS THIS STATEMENT ☐ NEW (N) **OR** ☒ 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 TIMOTHY A. KOCH

Signature of Treasurer *TIMOTHY A. KOCH* Date 01 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2016020200002883381

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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 candidate information below.)

Name of Candidate: RONALD D. DESANTIS

Candidate Party Affiliation: REP

Office Sought: [ ] House [X] Senate [ ] President

State: FL

District: 00

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) [ ] This committee 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 committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (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 Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

2016020200200028382

Write or Type Committee Name

RON DESANTIS FOR FLORIDA

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

FREEDOMWORKS VICTORY COMMITTEE

Mailing Address 1390 CHAIN BRIDGE ROAD
SUITE 515
MCLEAN VA 22101 -
CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name TIMOTHY A. KOCH

Mailing Address 901 N WASHINGTON ST, SUITE 700
ALEXANDRIA VA 22314 -
CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 703 - 299 - 8571

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer TIMOTHY A. KOCH

Mailing Address 901 N WASHINGTON ST, SUITE 700
ALEXANDRIA VA 22314 -
CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 703 - 299 - 8571

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Full Name of Designated Agent: THEODORE V. KOCH

Mailing Address: 901 N WASHINGTON ST, SUITE 700

CITY: ALEXANDRIA STATE: VA ZIP CODE: 22314 -

Title or Position: ASSISTANT TREASURER

Telephone number: 703 - 299 - 8570

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: SUN TRUST BANK

Mailing Address: 200 SOUTH NOKOMIS AVENUE

CITY: VENICE STATE: FL ZIP CODE: 34285 -

Name of Bank, Depository, etc.: BB&T

Mailing Address: 2200 WILSON BLVD, SUITE 100

CITY: ARLINGTON STATE: VA ZIP CODE: 22201 -

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

FIRST VIRGINIA COMMUNITY BANK

Mailing Address

11325 RANDOM HILLS RD, STE 240

FAIRFAX VA 22030 -

CITY STATE ZIP CODE

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number C

2016020202000028385

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

UNITED BANK

Mailing Address 1219 Mt Aetna Rd

Hagerstown MD 21742 -

CITY STATE ZIP CODE

[ADDITIONAL]

Name of Any Con ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number C

2016020202000028386

Hand Delivered

20160202020200028387

JULIE ADAM
SECRETAR

K. MACCALLUM
SUPERINTENDENT
ART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-711
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 1-29-16
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-29-16

2/28/2015

201602020200028388

SEN PATCH

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