

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE STATE PUBL.

15 APR 21 2015

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

BARRASSO HELLER VICTORY FUND

ADDRESS (number and street) 901 N WASHINGTON ST, SUITE 700

(Check if address is changed)

ALEXANDRIA VA 22314 CITY STATE 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)

2. DATE 04 21 2015

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 [Handwritten Signature]

Date 04 21 2015

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.

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5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) 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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: \_\_\_\_\_ House \_\_\_\_\_ Senate \_\_\_\_\_ President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (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. FRIENDS OF JOHN BARRASSO \_\_\_\_\_ FEC ID number C C00436386
2. HELLER FOR SENATE \_\_\_\_\_ FEC ID number C C00494229
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

# BARRASSO HELLER VICTORY FUND

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

NONE

Mailing Address

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

Title or Position

CITY

STATE

ZIP CODE

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

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number

703

299

8571

15020163579

Full Name of Designated Agent

THEODORE V. KOCH

Mailing Address

901 N WASHINGTON ST, SUITE 700

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

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.

BANK OF AMERICA

Mailing Address

600 N WASHINGTON ST

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

15020163580

15020165581



4/21/2015

From: (703) 289-8571  
Timothy Koch  
Koch & Hoos LLC  
901 N Washington St, Suite 700  
Alexandria, VA 22314

Origin ID: NDVA



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BILL SENDER

SHIP TO: (703) 587-9711  
Secretary of Senate  
Office of Public Records  
232 Hart Senate Office Bldg

Washington, DC 20510



Extremely Urgent

5756  
04:22  
16:00  
72

729

FedEx Ship Manager - Print Your Label(s)

Ship Date: 21 APR 15  
ActWgt: 0.5 LB  
CAD: 928890/MNET3610

Delivery Address Bar Code



Ref # BARRASSO HELLER  
Invoice # ~~XXXXXXXXXX~~ 23  
PO # ~~XXXXXXXXXX~~  
Dept # ~~XXXXXXXXXX~~

APR 22 2015

Shipped by 13  
Senate Post Office  
APR 22 2015

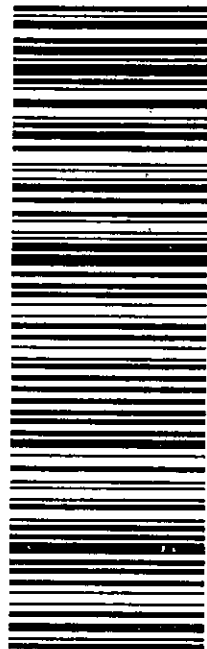
WED - 22 APR AA  
STANDARD OVERNIGHT

TRK# 7734 2264 5756

0201

20510  
DC-US  
IAD

19 YKNA



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Insert shipping document here

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
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	<u>4-21-15</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

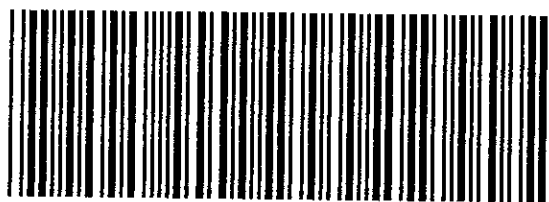
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

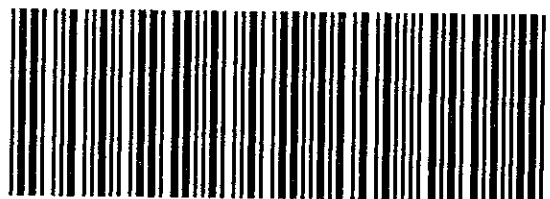
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DA DATE PREPARED 4-24-15

15020163582



SEN PATCH



SEN PATCH

15020163583