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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dirigo PAC PO Box 1355 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ted@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00391797 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Manahan, Matthew, D.,, Type or Print Name of Treasurer Manahan, Matthew, D.,, [Electronically Filed] 12 17 2018 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

(le) This accommittee is an exalle	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	; ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		

FEC Form 1 (Rev Write or Type Committee			Page 3
• •	ivallie		
Dirigo PAC 6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Le	adership PAC Sponsor
Senator Susan M.	Collins		
	20 W. Baraduan		
Mailing Address	28 W. Broadway		
	Rangor	ME 04	<u> </u>
	Bangor		
	CITY	STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fund	Iraising Representative	x Leadership PAC Sponsor
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and	d position of the person	in possession of committee
	n, Theodore, V., ,		
Full Name	901 N Washington St Suite 700		
Mailing Address			
	Alexandria	VA 22	2314
Title or Position	CITY	STATE	ZIP CODE
Assistant Treasurer	Telephoi	ne number 703	- 299 - 8570
	ne and address (phone number optional) of the treasurer e.g., assistant treasurer).	of the committee; and t	he name and address of
Full Name Mana of Treasurer	ahan, Matthew, D., ,		
Mailing Address	17 Cottage Farms Rd		
	Cumberland	ME 04	021 ZIP CODE
Title or Position Treasurer		ne number 207	- <u>807</u> - <u>4653</u>

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Full Name of Designated Agent	Koch, Theodore, V., ,	
Mailing Address	901 N Washington St Suite 700	
	Alexandria VA 22314 CITY STATE ZI	IP CODE
Title or Position Assistant Treas		
.		accounts, rents
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a	accounte, ronte
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
Banks or Other safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo ,330 N Washington St	
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo ,330 N Washington St	
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo ,330 N Washington St	
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo 330 N Washington St Alexandria VA 22314	IP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 330 N Washington St Alexandria CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 330 N Washington St Alexandria CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Wells Fargo 330 N Washington St Alexandria CITY STATE Z Depository, etc. Bank of America 600 N Washington St	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Wells Fargo 330 N Washington St Alexandria CITY STATE Z Depository, etc. Bank of America 600 N Washington St	
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo 330 N Washington St Alexandria CITY STATE Z Depository, etc. Bank of America 600 N Washington St	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisii	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponso
WONDER WOME	EN VICTORY COMMITTEE		
Mailing Address	79 POTOMAC AVE SE APT 739		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Represent	Leadership PAC Spo
Connecte	Affiliated Committee	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif	y by name, address (phone number – optional)		
Connecte Designated Agent: Identif	by by name, address (phone number – optional) CITY	STATE A	
Connecte Designated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Te Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	cy by name, address (phone number – optional) CITY CITY Te Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or means and many and many and many arrangements and many arrangements.	cy by name, address (phone number – optional) CITY CITY Te Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	cy by name, address (phone number – optional) CITY CITY Te Dries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Sponsor
1	Mailing Address	901 N Washington St, Ste 700		
		Alexandria	VA	22314
F	Relationship:	CITY A	STATE 4	ZIP CODE ▲
	Connected (Organization Affiliated Committee	Joint Fundraising Represen	ntative Leadership PAC Sponsor
	nated Agent: Identify b	by name, address (phone number – option:	al)	
Ma	ailing Address			
T	TLE OR POSITION V	CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
safety Name	or Other Depositoric deposit boxes or main of Bank, itory, etc.	es: List all banks or other depositories in watains funds.	hich the committee depos	sits funds, holds accounts, rents
	Mailing Address			