Only

STATEMENT OF

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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. WITH HONOR FUND, INC. PO BOX 813 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2019 C00659011 FEC IDENTIFICATION NUMBER > 3. X 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. KOCH, TIMOTHY, A,,, Type or Print Name of Treasurer KOCH, TIMOTHY, A,,, [Electronically Filed] 05 2019 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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)			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise		Page 3
Write or Type Committee Na		
WITH HONOF	<u>`</u>	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
	TIMOTHY, A,,,,	1
Full Name	,901 N WASHINGTON ST, SUITE 700	
Mailing Address		
	ALEXANDRIA	,22314
	ALEXANDRIA	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	703 299 8571
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee ., assistant treasurer).	e; and the name and address of
Full Name KOCH, of Treasurer	TIMOTHY, A,, ,	
Mailing Address	901 N WASHINGTON ST, SUITE 700	
	ALEXANDRIA	22314
	CITY STATE	ZIP CODE
Title or Position TREASURER		703 - 299 - 8571

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Full Name of Designated Agent	EONARD, THOMAS, B., ,	
Mailing Address	PO BOX 813	
	ALEXANDRIA VA 2231 CITY STATE	ZIP CODE
Title or Position ASSISTANT TREAS	SURER Telephone number 719 -	235 - 7770
Banks or Other Dep	positories: List all banks or other depositories in which the committee deposits funds, h	olds accounts, rents
safety deposit boxes Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	4
Name of Bank, Depo	ANK OF AMERICA 600 N WASHINGTON ST	4 1 -
Name of Bank, Depo	ANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE	
Name of Bank, Depo	ANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE	
Name of Bank, Depo	ANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE Ository, etc.	
Name of Bank, Depo	ANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE Ository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017) for Lir

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(h). Joint Fundrais i			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	ed Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, US Barepository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which naintains funds. ANK	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, US Barepository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which naintains funds. ANK	STATE A	ZIP CODE A