

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

PA Prosperity Fund PAC

ADDRESS (number and street)

Suite 3200, Center Square West

(Check if address is changed)

1500 Market St

Philadelphia

CITY ▲

PA

STATE ▲

19102

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

PAProsperityPAC@gmail.com

Optional Second E-Mail Address  
ted@kochandhoos.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 05 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00493890

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 Gary Silvi

Signature of Treasurer

Gary Silvi

[Electronically Filed]

Date

04 / 05 / 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)

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. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# PA Prosperity Fund PAC

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

TOOMEY PROSPERITY FUND

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

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 Gary Silvi

Mailing Address

Suite 3200, Center Square West

1500 Market St

Philadelphia

PA

19102

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

215

575

0677

**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 Gary Silvi

Mailing Address

Suite 3200, Center Square West

1500 Market St

Philadelphia

PA

19102

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

215

575

0677

Full Name of Designated Agent Theodore V. Koch

Mailing Address 901 N Washington St  
Ste 700  
Alexandria VA 22314  
CITY STATE ZIP CODE

Title or Position Designated Agent 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.

Santander Bank

Mailing Address formerly Sovereign Bank  
1500 Market St  
Philadelphia PA 19102  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

BB&T

Mailing Address 1909 K Street, NW  
Washington DC 20006  
CITY STATE ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

TOOMEY PA PROSPERITY

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

228 S WASHINGTON ST STE 115

\_\_\_\_\_

ALEXANDRIA

VA

22314

\_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C [ \_\_\_\_\_ ]