Image# 12951950837 PAGE 1 / 4

FEC FORM 1		STATEME ORGANIZ						
1. NAME OF		(Check if name	Example:	If typing, type	1 200 4 4 4	Office Use	Only	
COMMITTEE (in		is changed)	over the		12FE4M)		
Common \	/alues	PAC						
ADDRESS (number a	nd street)	901 N Washington St						
(Check if ac	ddress	Suite 700						
is changed)		Alexandria			VA	22314		
			CITY		STATE	ZI	P CODE	
(Check if is change) COMMITTEE'S WEB (Check if is change)	address address address d)	S (Please provide only one tim@kochandhoos.com	e e-mail address					
3. FEC IDENTIFIC	CATION NU	MBER C	C00442368					
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED (A)				
I certify that I have e	examined this	Statement and to the be	est of my knowl	edge and belief	it is true, correc	ct and comple	ete.	
Type or Print Name	of Treasurer	Timothy A. Koch						
Signature of Treasure	Timothy .	A. Koch	[Elec	tronically Filed]	Date 06	M / D D D 07	20	
NOTE: Submission of		us, or incomplete information					s of 2 U.S.C.	§437g.
Office			For f	urther information	contact:		FORM 4	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	EEC Ea	rm 1 (Paying 02/2000)	Page 2
		OMMITTEE	гау е 2
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	- 0
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Write or Type Committee Name	
Common Values PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
John A Barrasso	
6896 CASPER MOUNTAIN ROAD	
Mailing Address	
CASPER	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X Lea	dership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records.	session of committee
Timothy A. Koch	1
Full Name901 N Washington St, Ste 700	
Mailing Address	
Alexandria VA 22314	
Title or Position CITY STATE 2	ZIP CODE
Treasurer 703 2 Telephone number 1	299 8571
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name Timothy A. Koch	
of Treasurer	
Mailing Address 901 N Washington St, Ste 700	
Alexandria VA 22314	
CITY STATE Z	ZIP CODE
-	299 - 8571

FEC Form 1 (R	levised 02/2009)		Page 4
Full Name of Designated Agent			1 1 1 1 1 1
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone	number	
safety deposit boxes or Name of Bank, Deposi	itory, etc.		
safety deposit boxes or Name of Bank, Deposi	r maintains funds.	VA 2231	14
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. ells Fargo 330 N Washington St	VA 2231	14 ZIP CODE
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. 330 N Washington St Alexandria CITY		
safety deposit boxes of Name of Bank, Deposition Mailing Address	r maintains funds. itory, etc. 330 N Washington St Alexandria CITY		
safety deposit boxes of Name of Bank, Deposition Mailing Address	and a standard and a	STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Depositi	and a standard and a	STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Depositi	and a standard and a	STATE	