PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) BARRASSO WALKER LAXALT VICTORY COMMITTEE 901 N WASHINGTON ST ADDRESS (number and street) SUITE 700 (Check if address is changed) **ALEXANDRIA** 22314 CITY A STATE A ZIP CODE ▲ 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 2022 C00818310 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] 06 15 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

	Office			For further information contact:
Ī	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	O,			Local 202-694-1100

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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 District	L.
	(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 Republican, etc.) Party	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ion 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 particle committee. (i.e., nonconnected committee)	апу
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politically	ical
	(i) x committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	ical
	Committees Participating in Joint Fundraiser	
	1. FRIENDS OF JOHN BARRASSO C C00436386	
	COMMON VALUES PAC	-

Title or Position ▼

TREASURER

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	FEC Form 1 (Re	evised 02/2009)	 Page 3
٧	Write or Type Committee	· · · · · · · · · · · · · · · · · · ·	. ago o
	BARRASS	O WALKER LAXALT VICTORY COMMI ⁻	TTEE
6.		cted Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Con	nnected Organization	ntative Leadership PAC Sponso
	_		_
	Full Name L	CH, TIMOTHY, A, , 901 N WASHINGTON ST SUITE 700 ALEXANDRIA	
		TABLE OF THE TABLE	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER	Telephone number	703 - 299 - 8571
8.		ame and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	ee; and the name and address of
	Full Name KO	CH, TIMOTHY, A, ,	
	of Treasurer		
	Mailing Address	901 N WASHINGTON ST	
		SUITE 700	
		ALEXANDRIA	22314

CITY A

STATE lacktriangle

Telephone number

703

ZIP CODE ▲

8571

299

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Full Name of Designated	(1.61.662 62.2667)		. 490 .
Agent			
Mailing Address			
Title or Position		STATE ▲	ZIP CODE ▲
	Telephone num	ber	
	Depositories: List all banks or other depositories in which the committee es or maintains funds.	e deposits funds, hold	s accounts, rents
Name of Bank, D	epository, etc.		
	BANK OF AMERICA		
Mailing Address	600 N WASHINGTON ST		
			1
	ALEXANDRIA	VA 22314	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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mental information r (h), 6, 8 and/or 9 Page $\frac{5}{}$ of $\frac{5}{}$

5(g)	or(h). Joint Fundraisin	g Participant:		
	TEAM HERSCI	HEL, INC.	FEC ID number	C C00787853
	PEOPLE'S CHA	AMPION PAC	FEC ID number	C C00792069
	LAXALT FOR S	SENATE	FEC ID number	C C00787135
		JBLICAN CENTRAL COMMITTEE	FEC ID number	C C00082925
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
		_		
	Mailing Address			
	Ü			
				I I-I I
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
8.	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY CITY Te	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	CITY CITY Te	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail.	CITY CITY Te	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te	STATE ▲	ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te	STATE ▲	ZIP CODE A