

# 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

BOOZMAN VICTORY 2016

ADDRESS (number and street) 901 N WASHINGTON ST STE 700

(Check if address is changed)

ALEXANDRIA

CITY ▲

VA

STATE ▲

22314

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

TIM@KOCHANDHOOS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
07 / 05 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00580555

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 TIMOTHY A KOCH

Signature of Treasurer

TIMOTHY A KOCH

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 05 / 2015

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				
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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.  BOOZMAN FOR ARKANSAS \_\_\_\_\_ FEC ID number  C C00476317
2.  ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC) \_\_\_\_\_ FEC ID number  C C00413948
3.  \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4.  \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# BOOZMAN VICTORY 2016

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

NONE

Mailing Address

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 TIMOTHY A KOCH

Mailing Address 901 N WASHINGTON ST STE 700

ALEXANDRIA

VA

22314

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 703 - 299 - 8571

**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 TIMOTHY A KOCH

Mailing Address 901 N WASHINGTON ST STE 700

ALEXANDRIA

VA

22314

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number 703 - 299 - 8571

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

ASSISTANT TREASURER

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.

BANK OF AMERICA

Mailing Address

600 N WASHINGTON ST

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE