FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

					FEC MAIL CENTER
NAME OF COMMITTEE (in full)	5	eck if name changed)	Example:If typing, type over the lines.	12FE4M5	in a low leading
Barrasso-Lucas	Comm	ittee			
Danass					
<u> </u>		!	·		1 1 1 1 1 1 1 1 1
	,901 N Was	hington St, Suite	700	<u> </u>	
ADDRESS (number and street)					
(Check if address		1 1 1 1 1 1			
is changed)	Alexandria	 		1 1 ^{VA} 1 1	22314
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		(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please or	ovide only one e-	-mail address)		
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(Check if address					
is changed)			<u> </u>		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
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2. DATE 08 07		2012	·		
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4. IS THIS STATEMENT	NEW (N	N) OR	AMENDED (A)	•	
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I certify that I have examined the	118 Statement	and to the nest	от ту кломівиде али вына	I II IS II IIE, CONTECT	and complete.
Type or Print Name of Treasure	Timothy A	Koch			
7,700	7	. / ^	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signature of Treasurer	y A. Koch _	K_1/_		Date 08	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature or measurer	——————————————————————————————————————	1 100	Minimum management and a second secon	Date Carrier	ell berdissel dans III Tedmind
NOTE: Submission of false, errone	cour or incom	polote information	mov subject the person signir	a this Statement to	the populties of 2 II S.C. 8437g
·	·		may subject the person signir ON SHOULD BE REPORTED	· ·	the penalties of 2 0.3.0. 54019.
	- T			William To BATO.	
Office Use			For further information Federal Election Comm		FEC FORM 1
Only	ŀ		Toll Free 800-424-9530	ı	(Revised 02/2009)

	EU FOR	rm 1 (Revised 02/2009)	rage Z
		COMMITTEE	
Cand	iidate	Committee:	
(a)	landa .	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	r. Mi	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name Candid			
Candid Party	date Affiliatio	Control of the Contro	ite strict
(c)	112.14 - 11 - 12	This committee supports/opposes only one candidate, and is NOT an authorized committee.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name Candid			
Party	y Com	nmittee: विकास (National, State	ratio
(d)		W STATE OF THE STA	can, etc.) Party.
Politi	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a
		in the state of th	Organization
		Membership Organization Trade Association Coope	erative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
Joint	Fund	draising Representative:	
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo- committees/organizations, all least one of which is an authorized committee of a federal candidate.	ore political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FRIENDS OF JOHN BARRASSO FEC ID number C C00436386	eg primerigrade en journeing en dez Primeringen en de men de en de en de
	2.	LUCAS FOR CONGRESS FEC ID number C C00287912	d naminari sadima
	3.	FEC ID number C	or our subsections
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FEC Form 1 (Revised	· d 02/2009)	Page 3
Write or Type Committee Nan		
Barrasso-Luca	as Committee	
	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	dentify by name, address (phone number optional) and position of the person in p	cossession of committee
Timothy Full Name	A. Koch	
Mailing Address	901 N Washington St, Suite 700	
	Alexandria VA 22314	,
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703 - [299 8571
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
Full Name Timothy of Treasurer	A. Koch	
Mailing Address	901 N Washington St, Suite 700	
	Alexandria VA 22314 CITY STATE	ZIP CODE
Title or Position Treasurer	703 Telephone number	299 - 8571

Telephone number

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	·	
Full Name of Designated The Agenti	neodore V. Koch	
Mailing Address	901 N Washington St, Suite 700	
	Alexandria VA LL CITY STATE	22314
Title or Position Assistant Treasurer	1 1.7	703 - 299 - 8570
- ·		
Name of Bank, Depo	ank of America	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ank of America	
Name of Bank, Depo	ank of America	22314
Name of Bank, Depo	ank of America 600 N Washington St	22314 ZIP CODE
Name of Bank, Depo	ank of America 600 N Washington St Alexandria CITY STATE	<u> </u>
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No Postmark	
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Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
Imo	8/8/12
PREPARER (2/2005)	DATE PREPARED
(3/2005)	