Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. STEER PAC 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 2023 C00762682 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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] 01 27 2023 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) | Page 2 |
|--|---|
| . TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate | te information below.) |
| (b) This committee is an authorized committee, and is NOT a principal campa information below.) | aign committee. (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House Sena | te President District |
| (c) This committee supports/opposes only one candidate, and is NOT an auti | |
| 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 organized) | cation on line 6.) Its connected organization is a: |
| Corporation Corporation w/o Capital S | tock 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 committee. (i.e., nonconnected committee) | is NOT a separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor | or on line 6.) |
| (g) This committee is an independent expenditure-only political committee (Su | uper PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (h) This committee is a political committee with both contribution and non-cor | ntribution accounts (Hybrid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fundraising Representative: | |
| (i) This committee collects contributions, pays fundraising expenses and disb committees/organizations, at least one of which is an authorized committee | · |
| (j) This committee collects contributions, pays fundraising expenses and disb committees/organizations, none of which is an authorized committee of a | · |
| Committees Participating in Joint Fundraiser | |
| 1. | C |
| | C |

| l | FEC Form 1 (Revised 0 | 2/2009) | | | Page 3 |
|----|--|--|----------------------|-----------------------|------------------------|
| V | rite or Type Committee Name | | | | |
| 6. | | rganization, Affiliated Committee, Joint Fo | undraising Repres | sentative, or Leader | ship PAC Sponsor |
| | | | | | |
| | | | | | |
| | Mailing Address | 901 N Washington St | | | |
| | | Suite 700 | | | |
| | | Alexandria | | VA 22314- | |
| | | CITY A | ; | STATE A | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising | Representative | Leadership PAC Sponsor |
| 7. | Custodian of Records: Ident books and records. | fy by name, address (phone number optior | nal) and position of | the person in possess | sion of committee |
| | Koch, Timo | thy, A., , | | | _ |
| | Full Name | | | | |
| | Mailing Address | 901 N Washington St | | | |
| | | Suite 700 | | | |
| | | Alexandria | | VA 22314- | 1535 |
| | | CITY ▲ | ; | STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Custodian of Records | | Telephone numb | per 703 | 299 - 8571 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the assistant treasurer). | e treasurer of the | committee; and the n | ame and address of |
| | Full Name Koch, Timo | thy, A., , | | | 1 |
| | of Treasurer | 004 NIW-ships of a 204 | | | |
| | Mailing Address | 901 N Washington St | | | |
| | | Suite 700 | | | |
| | | Alexandria | | VA 22314- | 1535 |
| | | CITY ▲ | ; | STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Treasurer | | Telephone numb | per | 299 - 8571 |

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|-------------------------------------|---|----------------------|----------------------------|
| Full Name of Designated Agent | | 1 1 1 1 1 1 | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Telephon | e number | |
| | Depositories: List all banks or other depositories in which the coles or maintains funds. | mmittee deposits fui | nds, holds accounts, rents |
| Name of Bank, De | epository, etc. | | |
| l | Bank of America | | |
| Mailing Address | 600 N Washington St | | |
| | | | |
| | Alexandria | VA | 22314 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, De | epository, etc. | | |
| l | Hilltop Bank | | |
| Mailing Address | 300 Country Club Rd | | |
| | | | |
| | Casper | WY | 82609 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

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

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| (g) or (h). | Joint Fundraising | Participant: | | | |
|-------------|--|---|--------------------|-------------|-----------------------------|
| 1. | | | FEC ID | number | C |
| 2. | | | FEC ID | number | C |
| 3. | | | FEC ID | number | C |
| 4. | | | FEC ID | number | С |
| | | | | | |
| | | rganization, Affiliated Committee, Join | nt Fundraising Rep | resentative | , or Leadership PAC Sponsor |
| Lui | mmis, Cynthia M | arie, , Sen., | | | |
| | | | | | |
| | | 111 S Durbin St | | | |
| l | Mailing Address | | | | |
| | | Suite 300 | | | |
| | | Casper | | WY | 82601 |
| 1 | Relationship: | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | | | | | |
| | nated Agent: Identify I | oy name, address (phone number – opt | ional) | | |
| Fu | | oy name, address (phone number – opt | ional) | | |
| Fu | ull Name | oy name, address (phone number – opt | ional) | | |
| Fu | ull Name | oy name, address (phone number – opt | ional) | | |
| Fu Ma | ull Name | CITY | | STATE A | ZIP CODE A |
| Fu Ma | ull Name | CITY | | | ZIP CODE A |
| Fu Ma | ailing Address | CITY A | Telephone No | umber | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or main of Bank, sitory, etc. | CITY A | Telephone No | umber | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or main of Bank, sitory, etc. | CITY A | Telephone No | umber | |

FEC Form 1S (Revised 02/2017)

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

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| | ng Participant: | | |
|---|---|--------------------------|--------------------------------|
| 1 | | FEC ID number | С |
| 2 | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connected | I Organization, Affiliated Committee, Joint Fur | ndraising Representative | e, or Leadership PAC Sponse |
| • | ion Victory Committee | | |
| | | | |
| Mailing Address | 901 N WASHINGTON ST | | |
| | SUITE 700 | | |
| | ALEXANDRIA | VA VA | 22314- |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Identi | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | | CTATE A | 7ID CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name _ _ Mailing Address TITLE OR POSITION | CITY A | STATE Telephone Number | ZIP CODE A |
| Full Name _ _ Mailing Address TITLE OR POSITION | CITY A cries: List all banks or other depositories in which anintains funds. | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc. | CITY A cries: List all banks or other depositories in which anintains funds. | Telephone Number | s funds, holds accounts, rents |

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

FEC Form 1S (Revised 02/2017)

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| (h). Joint Fundraisi | ng Participant: | | | |
|---|--|---|----------------|----------------------------|
| 1. | | FEC | D number | С |
| 2. | | FEC | D number | С |
| 3. | | FEC | D number | C |
| 4. | | FEC | D number | C |
| Name of Any Connected | Organization, Affiliated Committee, | Joint Fundraising Re | epresentativ | e, or Leadership PAC Spons |
| | | | | |
| Mailing Address | 901 N Washington St | | | |
| | Ste 700 | | | |
| Delate colds | Alexandria | | ŬA □ □ □ | 22314-1535 |
| Relationship: | CITY A | | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Identi | d Organization Affiliated Committee y by name, address (phone number – | _ | ng Represent | ative Leadership PAC Spo |
| | _ | | ng Represent | ative Leadership PAC Spo |
| Designated Agent: Identi | _ | | ng Represent | ative Leadership PAC Spo |
| Designated Agent: Identi | _ | | ng Represent | ative Leadership PAC Spo |
| Designated Agent: Identi | y by name, address (phone number – | | ng Representa | Leadership PAC Spo |
| Designated Agent: Identi Full Name Mailing Address | y by name, address (phone number – | | STATE A | |
| Designated Agent: Identi Full Name _ _ Mailing Address TITLE OR POSITION | y by name, address (phone number – CITY CITY pries: List all banks or other depositoric aintains funds. | optional) Telephone | STATE A Number | ZIP CODE A |
| Designated Agent: Identi Full Name | y by name, address (phone number – CITY CITY pries: List all banks or other depositoric aintains funds. | optional) Telephone es in which the comm | STATE A Number | ZIP CODE A |