Only

STATEMENT OF

PAGE 1 / 6

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. COTTON FOR SENATE, INC. PO BOX 7839 ADDRESS (number and street) (Check if address is changed) LITTLE ROCK 72217 AR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ted@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tomcotton.com (Check if address is changed) DATE 26 2022 C00499988 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, Theodore, V,, Type or Print Name of Treasurer Koch, Theodore, V,, [Electronically Filed] 07 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of COTTON, THOMAS, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State AR District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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.)	
	(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:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)		Page 3
W	rite or Type Committee Name	CENIATE INC		
 S.		SENATE, INC. ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leader	ship PAC Sponsor
	COTTON VICTORY	J		- p :::3 ependo.
	Mailing Address	901 N WASHINGTON STREET		
		SUITE 700		, , , , , , , , , 1
		ALEXANDRIA	VA 22314	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative	Leadership PAC Sponsor
<u>. </u>	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position o	of the person in possess	sion of committee
	Koch, Theo	dore, V, ,		
	Full Name			
	Mailing Address	901 N Washington St, Ste 700		
		Alexandria	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	nber	299 - 8570
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the n	ame and address of
	Full Name Koch, Theo	dore, V, ,		
	of Treasurer			
	Mailing Address	901 N Washington St, Ste 700		
		Alexandria	VA 22314	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	nber	299 - 8570

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Koch, Timothy, A, ,	
Mailing Address	901 N Washington St, Ste 700	
	Alexandria VA 22314	
Title or Position		ZIP CODE ▲
Assistant Treasu		299
	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds.	accounts, rents
Name of Bank, D	Depository, etc.	
	Bank of America	
Mailing Address	600 N Washington St	
	Alexandria VA 22314	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	_
	Chain Bridge Bank N.A.	
Mailing Address	1445-A Laughlin Avenue	
	McLean VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
COTTON MAJOI			
Mailing Address	901 N WASHINGTON ST, STE 700		
	ALEXANDRIA	, , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sp
resignated Agent: Identife Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the same of Bank,	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page __6 _ **of** _6___

(h). Joint Fundraisi	9		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Cotton Senate Vi	ctory 2022	<u> </u>	
Mailing Address	901 N Washington St, Ste 700		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	Affiliated Committee y y y y y y y y y y y y y	Joint Fundraising Represer	tative Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number – optiona	NI)	
Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optiona	STATE A	
Pesignated Agent: Identi Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of the content of the co	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the saf	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	y by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A