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SECRETARY OF THE SENATE
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SECRETARY OF THE SENATE
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Office Use Only

FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

BARRASSO TOOMEY VICTORY FUND

ADDRESS (number and street)

901 N WASHINGTON ST, SUITE 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
04 / 17 / 2015

MM / DD / YYYY
04 / 17 / 2015

MM / DD / YYYY
04 / 17 / 2015

3. FEC IDENTIFICATION NUMBER ▶

C

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

Date

MM / DD / YYYY
04 / 17 / 2015

MM / DD / YYYY
04 / 17 / 2015

MM / DD / YYYY
04 / 17 / 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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

15020163371

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. FRIENDS OF JOHN BARRASSO | FEC ID number C C00436386
2. FRIENDS OF PAT TOOMEY | FEC ID number C C00461046
3. _____ | FEC ID number C
4. _____ | FEC ID number C

15020163572

Write or Type Committee Name

BARRASSO TOOMEY VICTORY FUND

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, SUITE 700

ALEXANDRIA VA 22314

CITY STATE ZIP CODE

Title or Position

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, SUITE 700

ALEXANDRIA VA 22314

CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 703 - 299 - 8571

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Full Name of Designated Agent THEODORE V. KOCH

Mailing Address 901 N WASHINGTON ST, SUITE 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

15020163374



4/17/2015

From: (703) 299-8571
Timothy Koch
Koch & Hoos LLC
901 N Washington St, Suite 700
Alexandria, VA 22314

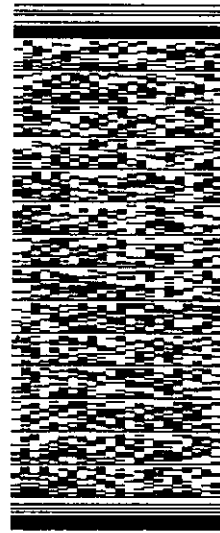
Origin ID: NDVA



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BILL SENDER

SHIP TO: (703) 587-9711
Secretary of Senate
Office of Public Records
232 Hart Senate Office Bldg
Washington, DC 20510



RT 729 7 15:00

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4426
04.20

Extremely Urgent

FedEx Ship Manager - Print Your Label(s)

Ship Date: 17APR15
ActWgt: 0.5 LB
CAD: 9288990/MNET3610

Delivery Address Bar Code



Ref # BARRASSO TOOMEY
Invoice #
PO #
Dept #

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Senate Post Office

APR 20 2015

TRK# 7733 9463 4426
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MON - 20 APR AA
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U.S. SENATE
TRACKING NUMBER



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>4-17-15</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

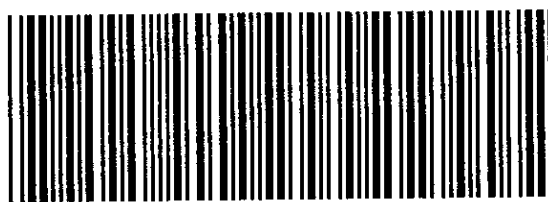
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-22-15

15020163576



SEN PATCH



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