FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. True North PAC 901 N Washington St, Suite 700 ADDRESS (number and street) (Check if address is changed) Alexandria 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tim@kochandhoos.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00571000 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. Type or Print Name of Treasurer Koch, Timothy A., , , Date 11 14 2025 Signature of Treasurer Koch, Timothy A., , , 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	C 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 candinformation below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Strict
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	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 more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	True North PAC		
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, EN.,	or Leadership PAC Sponsor
	Mailing Address	3705 ARCTIC BOULEVARD #447	
		ANCHORAGE	99503
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	tive X Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person	in possession of committee
	Koch, Timo	thy A., , ,	
	Full Name		
	Mailing Address	901 N Washington St, Suite 700	
		Alexandria	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	703 - 299 8571
}.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
	Full Name Koch, Timo	thy A., , ,	
	of Treasurer		
	Mailing Address	901 N Washington St, Suite 700	
		Alexandria	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	703 - 299 - 8571

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Koch, Theodore, V., ,		
Mailing Address	901 N Washington St, Suite 700		
	Alexandria	VA 22	314
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	urer I	phone number 703	_ 299 _ 8570
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the oxes or maintains funds.	e committee deposits funds,	holds accounts, rents
Name of Bank, I	Depository, etc.		
	Bank of America		
Mailing Address	600 N Washington St		
	Alexandria	VA	314
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 221	01
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisir	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
GOLLIVAI VIOTOR			
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	, , , , VA	22314
	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte Connecte Connecte	d Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X J		
Connecte Designated Agent: Identif	d Organization Affiliated Committee X J y by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	d Organization Affiliated Committee X J y by name, address (phone number – optional)		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY cries: List all banks or other depositories in what aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
ONE TEAM SENAT	E MAJORITY		
	404 OFFICE DADK DDIVE		
Mailing Address	421 OFFICE PARK DRIVE		
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY ▲ Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent

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	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected UPHOLD THE SEN	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
			
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA		22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	y by name, address (phone number – optional)		
Pesignated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address	CITY ▲ cries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or make the same of Bank,	CITY ▲ cries: List all banks or other depositories in white aintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	CITY ▲ cries: List all banks or other depositories in white aintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	CITY ▲ cries: List all banks or other depositories in white aintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents

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

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spons
KEEP THE SENATE			
Mailing Address	421 OFFICE PARK DR		
	1		
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
	Organization Affiliated Committee X J	oint Fundraising Represer	ntative Leadership PAC Sp
Connected	Organization Affiliated Committee X J		ntative Leadership PAC Sp
Connected			Leadership PAC Sp
Connected			Leadership PAC Sp
Connected resignated Agent: Identify			Leadership PAC Sp
Connected resignated Agent: Identify			Leadership PAC Sp
resignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional		Leadership PAC Sp
Connected Designated Agent: Identify Full Name	by name, address (phone number – optional		