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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. PRINCIPLED VETERANS FUND (PV FUND) PO BOX 813 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A 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 2021 C00780841 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, TIMOTHY, A,, Type or Print Name of Treasurer KOCH, TIMOTHY, A,, [Electronically Filed] 05 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		r ago o
	ETERANS FUND (PV FUN	ID)
	rganization, Affiliated Committee, Joint Fundraising	<u> </u>
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundra	raising Representative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and	I position of the person in possession of committee
KOCH, TIM	IOTHY, A, ,	
Full Name	901 N WASHINGTON ST	
Mailing Address	SUITE 700	
	ALEXANDRIA	VA 22314
Title or Position	CITY	STATE ZIP CODE
TREASURER	Telephone	ne number 703 - 299 - 8571
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of ssistant treasurer).	of the committee; and the name and address of
Full Name KOCH, TIM	OTHY, A, ,	I
of Treasurer	901 N WASHINGTON ST	
Mailing Address	SUITE 700	
		1 1 1/4 1 122214
	ALEXANDRIA	VA 22314 -
Title or Position TREASURER	Telephone	, 703 , , 299 , , 8571 ,

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Full Name of Designated Agent	DUFRAYNE, FRANCIS, J, ,	
Mailing Address	PO BOX 813	
	ALEXANDRIA VA 22313 CITY STATE ZI	IP CODE
Title or Position ASSISTANT TRE		
safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds. Depository, etc.	accounts, rents
safety deposit box	xes or maintains funds.	accounts, rents
safety deposit box Name of Bank, D	pepository, etc. BANK OF AMERICA	accounts, rents
safety deposit boy Name of Bank, D	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA VA 22314	accounts, rents
safety deposit boy Name of Bank, D Mailing Address	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	
safety deposit box Name of Bank, D	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	
safety deposit book Name of Bank, D Mailing Address Name of Bank, D	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	
safety deposit box Name of Bank, D Mailing Address	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	
safety deposit book Name of Bank, D Mailing Address Name of Bank, D	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	
safety deposit book Name of Bank, D Mailing Address Name of Bank, D	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE ZI	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: