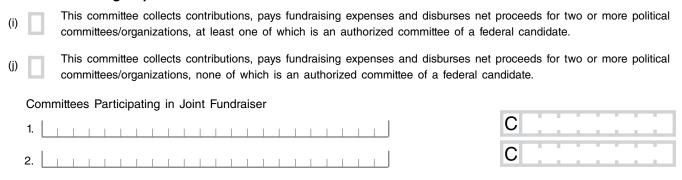
Image# 202404199633491548				PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			
			Of	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	6700 SQUIBB RD			
(Check if address is changed)	SUITE 201			
is changed)	MISSION		KS 662	202
			STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	TIM@KOCHANDHOOS.C	OM		
is changed)	Optional Second E-Mail A	ddress		
(Check if address is changed)				
2. DATE 04 1	6 2024			
		200700045		
B. FEC IDENTIFICATION N	UMBER ► C	00762815		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
	-			
certify that I have examined the	his Statement and to the bes	t of my knowledge and belief	it is true, correct and	complete.
ype or Print Name of Treasure	r KOCH, TIMOTHY, A., ,			
Signature of Treasurer KOC	SH, TIMOTHY, A., ,		Date 04	19 / Y Y Y 2024
NOTE: Submission of false, erron		n may subject the person signing ATION SHOULD BE REPORTED		penalties of 52 U.S.C. §30
Office Use		For further information Federal Election Commiss	contact:	FEC FORM 1 (Revised 06/2012)
Only		Toll Free 800-424-9530 Local 202-694-1100		

04/19/2024 09 : 29

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Com information below.)	nplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate Presider	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	mocratic, publican, etc.) Party 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 se committee. (i.e., nonconnected committee)	egregated 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) X 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 (H	lybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



Relationship:

	FEC Form 1 (Revised (	02/2009)				Page <b>3</b>	
V	Vrite or Type Committee Name	Э					
	HUNTER NATIO	ON ACT	ION IN	NC.			
6.	Name of Any Connected C	Organization,	Affiliated	Committee,	Joint Fundraising Represe	ntative, or Leadership PAC Sponsor	
	Mailing Address						

ZIP CODE

Leadership PAC Sponsor

STATE

Joint Fundraising Representative

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

1

Connected Organization

Affiliated Organization

KOCH, TIN	ОТНҮ, А., ,
Mailing Address	901 N WASHINGTON ST
	SUITE 700
	ALEXANDRIA VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	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				
Mailing Address	901 N WASHINGTON ST			
	SUITE 700			
	ALEXANDRIA			
	CITY ▲ STATE ▲ ZIP CODE ▲			
Title or Position				
TREASURER   703   299   8571     Telephone number   -   -   -   -				

FEC Form 1 (Revised 02	2009)				Page <b>4</b>
Full Name of Designated Agent					
Mailing Address					
		CITY	′▲	STATE 🔺 💈	ZIP CODE 🔺
Title or Position ▼					
			Telephone numb	oer	

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.

BA			
Mailing Address	600 N WASHINGTON ST		
		VA22314	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Depos	sitory, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE