FEC FORM 1		STATI ORG/					Office Use (PAGE 1 / 4 —
1. NAME OF COMMITTEE (in	full)	× (Check if is change		Example:If typing, t over the lines.	ype 12	FE4M5		
	olitical /		mittee					
ADDRESS (number an	d street)	4111 East 37th St	reet North					
(Check if a is changed)	ddress)							
		Wichita └──└──└── CITY ▲				S ⊥L [€] ATE ▲	57220 	
COMMITTEE'S E-MA	IL ADDRES	S						
(Check if a is changed	ddress	kochpac@kochir	nd.com					
is changed)	Optional Second	E-Mail Addr	ess				
COMMITTEE'S WEB	ddress	RESS (URL)						
2. DATE 08	/ D 01	2024	Y					
3. FEC IDENTIFIC	ation Nu	MBER 🕨	C coo	236489				
4. IS THIS STATEM	ENT	NEW (N)	OR	× AMENDED	D (A)			
I certify that I have ex	xamined thi	s Statement and to	o the best o	f my knowledge and	belief it is tru	e, correct a	nd comple	te.
Type or Print Name o	f Treasurer	<u>Tennille, Lacye, F</u>	ę., ,					
Signature of Treasure	r Tennil	le, Lacye, R., ,			Date	08 	/ D D 01	/ Y Y Y Y 2024
NOTE: Submission of f	alse, errone			ay subject the person s ON SHOULD BE REPO			he penalties	of 52 U.S.C. §3010
Office Use Only				For further inforr Federal Election (Toll Free 800-424 Local 202-694-110	Commission -9530		-	FORM 1 ed 06/2012)

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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 car information 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.					
	Name of Candidate					
	 (d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) 					
	Corporation Corporation w/o Capital Stock	zation				
	Membership Organization Trade Association Cooperative					
	X 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 function committee. (i.e., nonconnected committee)	d 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 2.

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W	Irite or Type Committee Nam			
	Koch, Inc. Politi	cal Action Committee (KOC	HPAC)	
6.	Name of Any Connected	organization, Affiliated Committee, Joint Fund	draising Representative, or L	eadership PAC Sponsor
	Koch, Inc.			
	Mailing Address	4111 East 37th Street North		
		Wichita		67220
			STATE A	ZIP CODE
	Relationship: X Connecte	Organization Affiliated Organization Jo	oint 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.

	urtin, Vicky, , ,	
Full Name		
Mailing Address	4111 East 37th Street North	
	Wichita KS 67220	-
	CITY A STATE A ZIP C	ODE 🔺
Title or Position		
Custodian of Reco	Telephone number	-[]

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	Tennille, Lacye, R., ,
Mailing Address	4111 East 37th Street North
	Wichita KS 67220 Image: Image in the second secon
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

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Full Name of Designated Agent	Ellender, Philip, , Mr.,	
Mailing Address	133 Peachtree St NE	
	Atlanta GA30303	
	CITY A STATE A ZI	P CODE
Title or Position	,	
Assistant Treasur	er	

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.

InTrust	3ank		
Mailing Address	3801 North Rock Road		
	 Wichita	KS 67226	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲