Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) WITH HONOR FUND II, INC. PO BOX 813 ADDRESS (number and street) (Check if address is changed) **ALEXANDRIA** 22313 CITY A STATE A ZIP CODE ▲ 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 16 2023 C00831404 FEC IDENTIFICATION NUMBER > 3. 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] 01 2023 Signature of Treasurer Date 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

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. 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 Office House Senate President	State t 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	nocratic, ublican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:			
Corporation Corporation w/o Capital Stock	abor 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 seg committee. (i.e., nonconnected committee)	gregated 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) 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 (Hy	/brid 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 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				
1C				
C				

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W	rite or Type Comm	·	
	WITH HO	ONOR FUND II, INC.	
3.		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	Mailing Address		
			[-] [
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Tioladonomp.	7 minuted Organization Control of the Presentative	Leadership The opense
7.	Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in posseds.	ession of committee
		KOCH, TIMOTHY, A., ,	
	Full Name		
	Mailing Address	901 N WASHINGTON ST	1
	•	SUITE 700	
		ALEXANDRIA , VA , 2231	4
		7.220	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	299 - 8571
3.		ne name and address (phone number optional) of the treasurer of the committee; and the igent (e.g., assistant treasurer).	name and address of
	Full Name	KOCH, TIMOTHY, A., ,	
	of Treasurer		
	Mailing Address	901 N WASHINGTON ST	
		SUITE 700	
		ALEXANDRIA VA 2231	4
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	•	
	TREASURER	Telephone number	299 - 8571

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Full Name of Designated						
Agent						
Mailing Address						
Title or Position	CITY A	STATE ▲	ZIP CODE ▲			
	Telephone i	number				
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits t	funds, holds accounts, rents			
Name of Bank, D	epository, etc.					
	BANK OF AMERICA					
Mailing Address	600 N WASHINGTON ST					
	ALEXANDRIA	VA				
	CITY A	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			