(T) M 01704250200145

Only

FORM 1

STATEMENT OF **ORGANIZATION**

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17 APR 25 PM 1:33

		<u></u>	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Brinson for Sen	ate		1
	<u> </u>		
	11111111		
ADDRESS (number and street)	PO Box 241351		1111111111
(Check if address	1	!	
is changed)	Montgomery		AL 36124
	CITY ▲	<u> </u>	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address	ted@kochandhoos.com	n 	, , , , , <u>, , , , , , , , , , , , , , </u>
is changed)	Optional Second E-Mail Ad		
	Optional Second E-Mail Add	uless <u> 1 1 1 1 1 1 </u>	
(Check if address is changed) 2. DATE (Check if address is changed)	www.drbrinsonforsenate.com		
	I NI IMPER L		
3. FEC IDENTIFICATION	I NUMBER ▶	· - ·	
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examine	ed this Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Trea	surer Koch, Theodore, V, ,		
Signature of Treasurer	Thiodore		Date 04 24 2017
NOTE: Submission of false, of	erroneous, or incomplete information	n may subject the person signin	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1

FEC Form	m 1 (Revised 02/2009)	rage 2
TYPE OF CO		
	This committee is a principal campaign committee. (Complete the candidate information by	pelow.)
(a) ×		
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	R. Randolph "Randy" Brinson, M.D.	
	Office	AL State
Candidate Party Affiliatio	DED Y Canada Procid	dent 00 District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized commit	tee.
Name of Candidate		
Party Com	nmittee:	(5)
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its 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 sepacommittee. (i.e., nonconnected committee)	arate segregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal car	ds for two or more political ndidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate	ds for two or more political
Com	nmittees Participating in Joint Fundraiser	
Con	The state of the s	
1.		
2.		
3.	FEC ID number C	
4.		

1 20 1 01111 1 (1001302 01						
Write or Type Committee Name						
Brinson for Senate						
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundrais	sing Representative, or Lead	ership PAC Sponsor			
NONE						
	1					
		<u> </u>	1 1 1 1 1 1 1 1			
Mailing Address						
	CITY	STATE	ZIP CODE			
Relationship: Connected	Organization Affiliated Committee Joint Fo	undraising Representative	Leadership PAC Sponsor			
Relationship.		ingia.				
Custodian of Records: Iden books and records.	tify by name, address (phone number optional)	and position of the person in	possession of committee			
books and recover.						
	Koch, Theodore, V, ,					
Full Name	901 N Washington St, Ste 700					
Mailing Address						
	Alexandria	VA 2231	4			
		CTATE	ZIP CODE			
Title or Position	CITY	STATE	ZIF CODE			
Treasurer	Telep	phone number 703	299 - 8570			
8. Treasurer: List the name and	d address (phone number optional) of the treasu	urer of the committee; and the	name and address of			
any designated agent (e.g., a	ssistant treasurer).					
Full Name Koch, The	odore, V, ,					
of Treasurer	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>			
Mailing Address	901 N Washington St. Ste 700					
		1 1 1 1 1 1 1 1 1 1				
	Alexandria	VA 2231	4			
	СІТҮ	STATE	ZIP CODE			
Title or Position Treasurer	Tala.	phone number 703 -	299 8570			
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FEC Form 1 (Revised 02/2009)

Koch, Timothy, A.,

901 N Washington St, Ste 700

CITY

Alexandria

Full Name of

Mailing Address

Designated Agent Page 4

VA L_L

STATE

22314

ZIP CODE

Faxed or Hand Delivered

DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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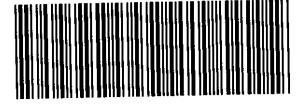
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