

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

4 MAY 23 PM 2:01

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Cassidy Rounds Victory Committee

ADDRESS (number and street)

901 N Washington St, Suite 700

(Check if address is changed)

Alexandria

CITY

VA

STATE

22314

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tim@kochandhoos.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 20 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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.

Type or Print Name of Treasurer Timothy A. Koch

Signature of Treasurer

Timothy A. Koch

[Handwritten Signature]

Date

05 20 2014

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ 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 _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action 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 separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. BILL CASSIDY FOR US SENATE _____ FEC ID number **C** C00543983
- 2. ROUNDS FOR SENATE _____ FEC ID number **C** C00532465
- 3. _____ FEC ID number **C**
- 4. _____ FEC ID number **C**

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Write or Type Committee Name

Cassidy Rounds Victory Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint 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.

Full Name Timothy A. Koch

Mailing Address 901 N Washington St, Suite 700

Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position

Treasurer 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 Timothy A. Koch

Mailing Address 901 N Washington St, Suite 700

Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 703 - 299 - 8571

14020400683

Full Name of Designated Agent Theodore V. Koch

Mailing Address 901 N Washington St, Suite 700

Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 703 - 299 - 8570

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.

Bank of America

Mailing Address 600 N Washington St

Alexandria VA 22314

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

14020400684

FedEx® xpress

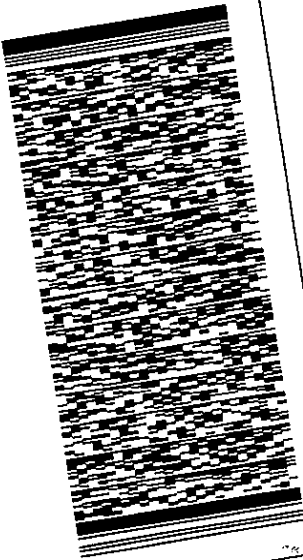
From: (703) 299-8571
 Timothy Koeh
 Koeh & Hoos LLC
 901 N Washington St, Suite 700
 Alexandria, VA 22314

Origin ID: NDVIA



BILL SENDER

SHIP TO: (703) 587-9711
 Secretary of Senate
 Office of Public Records
 232 Hart Senate Office Bldg
 Washington, DC 20510



U.S. SENATE
 TRACKING NUMBER
 13-067364

Received by 10
 Senate Post Office

[s://www.fedex.com/shipping/html/en/PrintFrame.html](http://www.fedex.com/shipping/html/en/PrintFrame.html)

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Ship Date: 20MAY14
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 CAD: 9288990NNEI3490

MAY 21 2014

Delivery Address Bar Code



CASSIDY ROUNDS VICT CMTTE

Ref #
 Invoice #
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Received by 21
 Senate Post Office
 MAY 21 2014

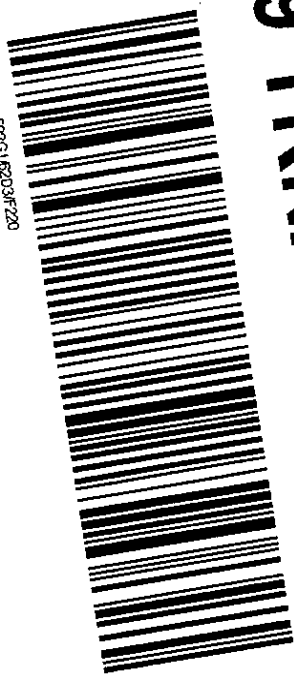
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NANCY ERICKSON
SECRETARY

DANA K. McCALLUM
SUPERINTENDENT
MAIL MAIL OFFICE B1
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	5/20/14	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

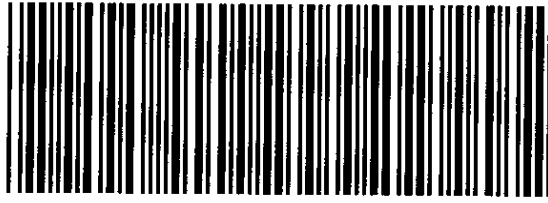
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

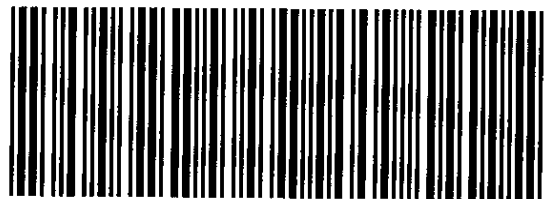
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 5/23/14

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SEN PATCH



SEN PATCH

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