04/18/2024 07 : 44

STATEMENT OF
ORGANIZATION

FEC FORM 1	STATEMEN ORGANIZA	-		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Retire Career Politi	cians			
ADDRESS (number and street)	PO Box 15845			
(Check if address is changed)				
	Washington └── └── └── └── └── └── └── └── └── └──		DC 2 <sup>2</sup> STATE ▲	2003 
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	rcp@mbacg.com			
	Optional Second E-Mail Addre	ess		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 04 / 18	D / Y Y Y Y 2024			
3. FEC IDENTIFICATION NU	JMBER ► C COO	876482		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best o	f my knowledge and belief it	is true, correct ar	id complete.
Type or Print Name of Treasure	Koob, Christopher, , ,			
Signature of Treasurer Koob	, Christopher, , ,		Date 04	/ D D / Y Y Y Y 18 2024
NOTE: Submission of false, errone	ous, or incomplete information m ANY CHANGE IN INFORMATIO			e penalties of 52 U.S.C. §30109
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1	1 (Revised 03/2022)	Page 2
5.	TYPE O	OF COMMITTEE:	
	Candid	late 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 th information below.)	e candidate
	Name Candic		
	Candic Party /	date Office Affiliation Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Nam Cano	e of didate	
	Party C	Committee:	
	(d)	This committee is a (National, State (Democratic	c, etc.) Party
	Politica	al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock	organization
		Membership Organization Trade Association Coopera	tive
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 (Hybrid PA	AC).

## 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.

In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

## **Retire Career Politicians**

6.	Name of Any Connected Or	ganization, Affiliat	ed Committee, Joint Fo	undraising Representative, o	r Leadership PAC Sponsor
	Mailing Address				
			CITY ▲	STATE 🔺	ZIP CODE
	Relationship: Connected (	Organization A	iliated Organization	Joint Fundraising Representation	ve 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.

Koob, Chri	stopher, , ,				
Full Name					
Mailing Address	PO Box 15845				
	Washington			20003	
		CITY 🔺	STATE	•	ZIP CODE
Title or Position ▼					
Treasurer			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	Koob, Christopher, , ,
Mailing Address	PO Box 15845
	Washington     DC     20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02/2009)	
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Page	4
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Full Name of Designated Agent	Roesch, Josh, , ,	
Mailing Address	PO Box 15845	
	Washington     DC     20003	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Assistant Treasur	rer 	

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.

	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		06
	CITY A	STATE A	ZIP CODE
Name of Bank, [	)epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE