

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE  
6 JUL 11 AM 11:38  
Office Use Only

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

12FE4M5

BARRASSO LANKFORD VICTORY FUND

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 07 / 07 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer TIMOTHY A. KOCH

Signature of Treasurer *Timothy A. Koch*

Date 07 / 07 / 2016

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

FEC FORM 1  
(Revised 06/2012)

201607110200214892

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.	FRIENDS OF JOHN BARRASSO	FEC ID number	C	C00436386
2.	FAMILIES FOR JAMES LANKFORD	FEC ID number	C	C00466482
3.	_____	FEC ID number	C	_____
4.	_____	FEC ID number	C	_____

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Write or Type Committee Name

# BARRASSO LANKFORD VICTORY FUND

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

NONE

Mailing Address

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

Title or Position CITY STATE ZIP CODE

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

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-299-8571

201607110200214894

Full Name of Designated Agent

THEODORE V. KOCH

Mailing Address

901 N WASHINGTON ST, SUITE 700

ALEXANDRIA

CITY

VA

STATE

22314

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

CITY

VA

STATE

22314

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201607110200214895

JUN



ORIGIN ID:NDVA (703) 299-8571  
TIMOTHY KOCH  
KOCH & HOOS LLC  
901 N WASHINGTON ST, SUITE 700

SHIP DATE: 07JUL16  
ACTWGT: 0.50 LB  
CAD: 9288990/NET3730

ALEXANDRIA, VA 22314  
UNITED STATES US

BILL SENDER

TO SECRETARY OF SENATE  
OFFICE OF PUBLIC RECORDS  
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WASHINGTON DC 20510

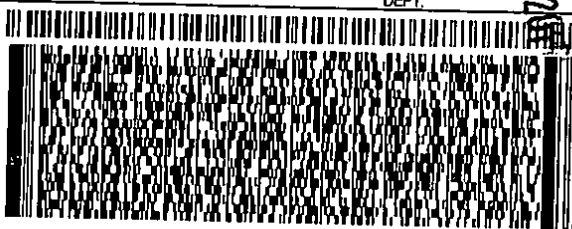
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DEPT:

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JUL 08 2016

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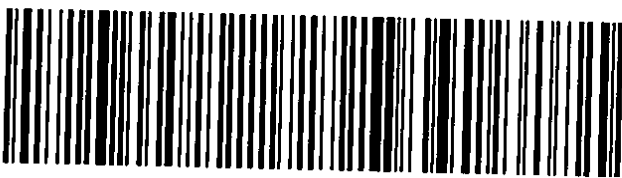
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# United States Senate

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Date of Receipt

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Date of Receipt Postmark

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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>7-2-16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

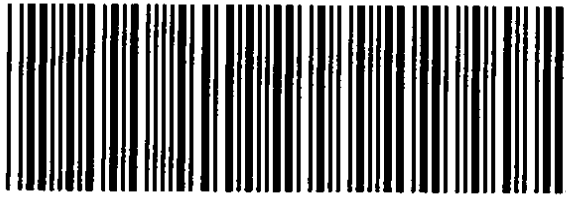
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

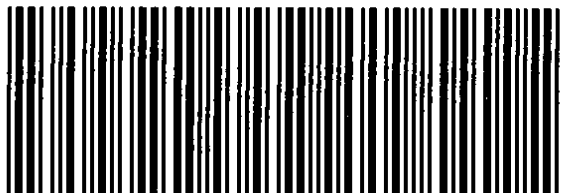
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-11-16

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SEN PATCH



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