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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BOOZMAN FOR ARKANSAS** PO BOX 671 ADDRESS (number and street) (Check if address is changed) **ROGERS** 72757 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jody@boozman.com (Check if address is changed) Optional Second E-Mail Address tim@kochandhoos.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.boozmanforarkansas.com (Check if address is changed) DATE 08 2020 C00476317 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 - ASSISTANT TREASURER, TIMOTHY, , , Type or Print Name of Treasurer KOCH - ASSISTANT TREASURER, TIMOTHY, , [Electronically Filed] 10 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate
Name of Candidate BOOZMAN, SEN. JOHN, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State
Party Affiliation Sought: House Senate President	District 00
(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 co	nnected 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 s committee. (i.e., nonconnected committee)	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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

	FOR ARKANSAS cted Organization, Affiliated Committee, Joint Fundraising Representative	/e, or Leadership PAC Sponsor
6. Name of Any Connec	Cted Organization, Affiliated Committee, Joint Fundraising Representative	/e, or Leadership PAC Sponsor
6. Name of Any Connec	Cted Organization, Affiliated Committee, Joint Fundraising Representative	/e, or Leadership PAC Sponsor
	DRY 2022	
BOOZIMAN VICTO		
	901 N WASHINGTON ST	
	901 N WASHINGTON ST	
Mailing Address		
Walling Address	SUITE 700	
	ALEXANDRIA	22314
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee 🗴 Joint Fundraising Represen	ntative Leadership PAC Sponso
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the	person in possession of committee
	INEBERGER, RICK J., , ,	
Full Name	PO BOX 671	
Mailing Address		
	ROGERS	72757
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	479 - 381 - 5085
	ne and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name TANI	NEBERGER, RICK J., , ,	
of Treasurer		
Mailing Address	PO BOX 671	
	ROGERS AR	72757
	CITY STATE	ZIP CODE
Title or Position TREASURER		479 - 381 - 5085

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Full Name of Designated Agent	KOCH, TIMOTHY A., , ,	
Mailing Address	901 N WASHINGTON ST, STE 700	
	ALEXANDRIA VA 22314 CITY STATE ZIP	CODE
Title or Position ASSISTANT TR	EASURER Telephone number 703 - 299	_ 8571
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds. Depository, etc.	counts, rents
	ARVEST	
Mailing Address	5201 VILLAGE PARKWAY	
	ROGERS AR 72758	
	CITY STATE ZIP	CODE
Name of Bank, D	Depository, etc.	
	BANK OF AMERICA	1
Mailing Address	600 N WASHINGTON ST	
	ALEXANDRIA VA 22314	
	CITY STATE ZIP	CODE