## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Old National Bank PAC 1 Main Street ADDRESS (number and street) (Check if address is changed) Evansville 47708 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dean.happe@oldnational.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2009 C00165282 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Dean Happe Type or Print Name of Treasurer Dean Happe [Electronically Filed] 01 2013 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

FFC F	form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE	. wg
Candida	te 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(Demogratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	X 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)	egregated 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 Fur	draising 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 transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Nar		
Old National B	ank PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Old National Bank		
	1 Main St.	
Mailing Address	T Wall 3t.	
	Evansville IN 47708	
	CITY STATE	ZIP CODE
Relationship: X Connect	ted Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
<u> </u>		
Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the nat , assistant treasurer).	me and address of
Full Name Dean Ha	ирре	
Mailing Address	1 Main Street	
	Evansville IN 47708	
Title or Position	CITY STATE	ZIP CODE
V.P. Chief Procureme		461   -   9096

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FEC <b>Forn</b>	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
		[-]
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I		olds accounts, rents
safety deposit bo	Old National Bank	olds accounts, rents
safety deposit bo	Depository, etc.	olds accounts, rents
safety deposit bo Name of Bank, I	Old National Bank	olds accounts, rents
safety deposit bo Name of Bank, I	Old National Bank	
safety deposit bo Name of Bank, I	Depository, etc.  Old National Bank  1 Main St.	
safety deposit bo Name of Bank, I	Depository, etc.  Old National Bank  1 Main St.  Evansville  IN  4770  STATE	8
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Old National Bank  1 Main St.  Evansville  IN  4770  STATE	8
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Old National Bank  1 Main St.  Evansville  IN  4770  STATE	8
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Old National Bank  Main St.  Evansville  CITY  STATE  Depository, etc.	8
Name of Bank, I	Depository, etc.  Old National Bank  Main St.  Evansville  CITY  STATE  Depository, etc.	8
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Old National Bank  Main St.  Evansville  CITY  STATE  Depository, etc.	8