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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

INDIANA DEMOCRATIC CONGRESSIONAL COMMITTEE

ADDRESS (number and street) ONE NORTH CAPITOL, SUITE 200

☐ (Check if address is changed)

INDIANAPOLIS IN 46204

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Kbosticaindems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.indems.org

COMMITTEE'S FAX NUMBER

317-231-7129

2. DATE 11 30 2009

3. FEC IDENTIFICATION NUMBER ▶ C00408613

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 Douglas B England

Signature of Treasurer Douglas B England Date 11 30 2009

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.

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

FEC FORM 1
(Revised 02/2003)

FE3AH043.PDF

5. TYPE OF COMMITTEE (Check One)

(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

(d) ☒ This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6 Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: KIMBERLY BOSTIC

Mailing Address: ONE NORTH CAPITOL, SUITE 200

INDIANAPOLIS IN 46204-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

OPERATIONS DIRECTOR

Telephone number: 317-231-7114

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: DOUGLAS B. ENGLAND

Mailing Address: 1738 STATE ROAD 11

NEW ALBANY IN 47150-6040

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PARTY TREASURER

Telephone number: 812-282-4393

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: -

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.

UNION FEDERAL SAVINGS BANK

Mailing Address 45 NORTH PENNSYLVANIA STREET

SUITE 600

[illegible] IN 46204-[illegible]

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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JHP
PREPARER

12/6/04
DATE PREPARED

(5/2004)