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STATEMENT OF **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. Friends of Susan Brooks 9425 N Meridian St ADDRESS (number and street) # 237 (Check if address is changed) Indianapolis 46260-1308 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS judy@susanbrooksforcongress.com (Check if address is changed) Optional Second E-Mail Address iulie@susanbrooksforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) SusanBrooksforCongress.com (Check if address is changed) DATE 2019 C00500207 FEC IDENTIFICATION NUMBER > 3. X 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. Christofolis, Judith, A., Mrs., Type or Print Name of Treasurer Christofolis, Judith, A., Mrs., [Electronically Filed] 04 28 2019 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 Fo	rm 1 (Revised 02/2009)	Page 2
		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. (Compinformation below.)	lete the candidate
Nam Can	e of didate	Brooks, Susan, , Mrs.,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State IN District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)		NIAT ' '	Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	Next Leaders New Majority FEC ID number C C007	01664
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee Nan		
Friends of Sus	an Brooks	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
Health First Committe	9 6	
	P.O. Box 30844	
Mailing Address	P.O. BOX 30044	
	Bethesda MD 20824	⊦- —
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization	Leadership PAC Sponso
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	possession of committee
	lis, Judith, A., Mrs.,	
Full Name	1940 Muessing Road	
Mailing Address		
	Indianapolis IN 46239	9-9191
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	430 - 3350
. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Christofology of Treasurer	lis, Judith, A., Mrs.,	
Mailing Address	1940 Muessing Road	
	Indianapolis IN 46239	} -9191
Title or Position	CITY STATE	ZIP CODE
Treasurer		430 - 3350

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Full Name of Designated Agent	McGrew, Julie, , Ms.,	
Mailing Address	ss 12739 Norfolk Lane	
	Carmel IN 46032 CITY STATE	2-8657 ZIP CODE
Title or Position Designated Ag		816 - 0916
Banks or Othe	ner Depositories: List all banks or other depositories in which the committee deposits funds, ho	lde accounte ronte
safety deposit	boxes or maintains funds.	ilus accounts, rents
safety deposit	t boxes or maintains funds. k, Depository, etc.	ius accounts, rents
safety deposit	boxes or maintains funds.	ius accounts, rents
safety deposit	t boxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue	ilus accounts, Tents
safety deposit Name of Bank,	t boxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue	ilus accounts, Tents
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safety deposit Name of Bank, Mailing Addres	choxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue SS McLean VA 22101	
safety deposit Name of Bank, Mailing Addres	choxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue McLean VA (22101) CITY STATE	
safety deposit Name of Bank, Mailing Addres	choxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue SS McLean CITY STATE PO Box 4418	
safety deposit Name of Bank, Mailing Addres	choxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue SS McLean CITY STATE PO Box 4418	
safety deposit Name of Bank, Mailing Addres	choxes or maintains funds. k, Depository, etc. Chain Bridge BAnk 1445A Laughlin Avenue SS McLean CITY STATE PO Box 4418	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g i ai iioipaiiii				
1.			FEC ID numb	_=	
2.			FEC ID numb	er C	
3.			FEC ID numb	er C	
4.			FEC ID numb	er C	
Name of Any Connected	Organization, Aff	iliated Committee, Joint F	undraising Represent	ative, or	Leadership PAC Spon
Mailing Address					
Deletieneleier		OITV +			71D CODE A
	d Organization	CITY ▲ Affiliated Committee s (phone number – optional	STATI Joint Fundraising Repre		ZIP CODE ▲ Leadership PAC Sp
Connected		Affiliated Committee	Joint Fundraising Repre		
Connected Pesignated Agent: Identify		Affiliated Committee	Joint Fundraising Repre		
Connected Designated Agent: Identify Full Name		Affiliated Committee	Joint Fundraising Repre		
Connected Designated Agent: Identify Full Name		Affiliated Committee	Joint Fundraising Repre		
Connected Designated Agent: Identify Full Name Mailing Address	by name, addres	Affiliated Committee	Joint Fundraising Repre	sentative	
Connected Designated Agent: Identify Full Name	by name, addres	Affiliated Committee	Joint Fundraising Repre	sentative	Leadership PAC Sp
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail afety deposit boxes or mail afety depository, etc.	v by name, addres	Affiliated Committee s (phone number – optional CITY cor other depositories in w	Joint Fundraising Repre	sentative	Leadership PAC Sp
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail	v by name, addres	Affiliated Committee s (phone number – optional CITY cor other depositories in w	Joint Fundraising Repre	sentative	Leadership PAC Sp
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail Name of Bank, Depository, etc.	v by name, addres	Affiliated Committee s (phone number – optional CITY cor other depositories in w	Joint Fundraising Repre	sentative	Leadership PAC Sp

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1				
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I			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
ame of Any Connected (Organization, Affilia	ated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE A	ZIP CODE ▲
esignated Agent: Identify	by name, address	(phone number – optional)		
Full Name				
Mailing Address				
	V	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION				
TITLE OR POSITION			Telephone Number	
anks or Other Depositor afety deposit boxes or mai	ries: List all banks of intains funds.			ts funds, holds accounts, ren
anks or Other Depositor afety deposit boxes or mai	ries: List all banks of intains funds.	or other depositories in whic		ts funds, holds accounts, ren
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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_I Indianapolis		IN	46204
Suite 100			
320 N Meridian Stre	eet		
	an an alia		
ories: List all banks o	or other depositories in whic	h the committee deposit	s funds, holds accounts, rents
		Telephone Number	
I ▼			ZIP CODE ▲
			7/0.0005
y by name, address ((phone number – optional)		
d Organization	Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Spe
	CITY A	STATE ▲	ZIP CODE ▲
	<u> </u>		
Organization, Affilia	ated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
		TEO ID HUMBOI	
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			C
		EEO ID	
	d Organization y by name, address ories: List all banks of aintains funds. nal Bank of India	CITY d Organization Affiliated Committee Joi y by name, address (phone number – optional) CITY CITY CITY CITY Agries: List all banks or other depositories in which aintains funds. The price of the	CITY A STATE A d Organization Affiliated Committee Joint Fundraising Representa by by name, address (phone number – optional) CITY A STATE A Telephone Number Dries: List all banks or other depositories in which the committee deposite aintains funds. The phone Number is a street in the committee deposite aintains funds. The phone Number is a street in the committee deposite aintains funds. The phone Number is a street in the committee deposite aintains funds.