Image# 201710189075796318				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ		0//	
1. NAME OF	(Check if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Greg Pence for C	Congress			
	PO Box 218			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Shelbyville		IN 46176	⁵ ⊥ ⊥ ⊥] – [⊥ ⊥ ⊥ ⊥
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	gpfc@mhrkonline.com			
is changed)	Optional Second E-Mail Add	dress		
 (Check if address is changed) 				
	8 / Y Y Y Y 2017			
3. FEC IDENTIFICATION N		00658401		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasure	er Kunkle, Craig, A., ,			
Signature of Treasurer	kle, Craig, A., ,	[Electronically Filed]	Date	D D / Y Y Y Y 18 2017
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437ç
Office		For further information con Federal Election Commission		EC FORM 1
Use Only		Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	e 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.)	ete the candidate
	ne of didate	Pence, Gregory, J., ,	
	didate y Affiliati	on REP Office Sought: K House Senate President	State IN District 06
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		, , ,	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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)	regated 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.)	
Joir	nt Func	Iraising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name

Greg Pence for Congress

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

N																																										
	Mailing Address																																									
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	Relationship:	C	onne	cteo	d O	rgai	niza	atior	ו [Affi	iliat	ed	Сс	om	mit	tee	9		Jo	oint	Fu	Ind	rais	sing	g F	Rep	res	sen	tati	ve		l	_ea	ıde	rsł	nip	P	AC	Sp	on:	sor
7.	Custodian of R books and recor		ds:	lder	ntify	by	na	ime,	, ac	dr	ess	5 (p	ohc	one	n	um	be	r -	- 0	ptio	ona	ıl) i	anc	Ιp	osi	tioı	10	ftl	ne	pe	rso	n ir	n p	00S	se	ssi	on	of	со	mr	nitt	ee
	Full Name	Ku	unkle	e, Cr	raig	, A.	, ,			1																																
	Mailing Address				Ľ	PO E	Box	4																																		
					Ľ	Ves	stfie	ld																				N				160 	074					- [
	Title or Position												CI	ΤY												0	STA	ΤE							ZIF	> (20	DE				
	Treasurer	I		I	I	I	1	I	I	I	1	I	I								Tel	en	hor	1e	nu	mb	er		I	31	7	-	-		51	7	-	-		70(0 0	

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	Kunkle, Craig, A., ,
Mailing Address	PO Box 4
	Westfield
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 317 - 517 - 7000

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Full Name of Designated Agent	Smith, Tracy, ,								1																	
Mailing Address	PC) Box 4																								
	W	estfield													_ IN	1		4	607	4			-[
					C	CITY								\$	STA	ΤE					ZIP	C	DDE	Ξ		
Title or Position Asst. Treasurer										Tele	eph	one	nı	ımb	ber			1] -]				-[

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.

Mailing Address	125 Third St.	
	Columbus	IN 47201
	CITY	STATE ZIP CODE
Name of Bank, D	Jepository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE