07/20/2005 14 : 51

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Indiana Democratic Congressional Victory Committee

ADDRESS (Number and Street) (Check if address is changed)

One North Capitol, Suite 200

Indianapolis | IN | 46204 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kbostic@indems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.indems.org

COMMITTEE'S FAX NUMBER

3172317129

2. DATE M M D D Y Y Y Y 06 28 2005

3. **FEC IDENTIFICATION NUMBER** C C00108613

4. IS THIS STATEMENT NEW (N) OR X 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 Mrs Linda M Buzinec

Signature of Treasurer Electronically Filed by Mrs Linda M Buzinec Date M M D D Y Y Y Y 07 20 2005

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 Use Only				

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

FEC FORM 1
(Revised 02/2003)

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) X This committee is a STA (National, State (or subordinate) committee of the sta (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

Marion County Democratic Central Cmte

Mailing Address 135 N Pennsylvania St, Ste 2350

Indianpolis IN 46240 -

CITY STATE ZIP CODE

Relationship Local Committee

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

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 N Bostic

Mailing Address: 6864 W. Philadelphia Drive

McCordsville | IN | 46055 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Comptroller/Complian

Telephone number 317 – 231 – 7122

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: Mrs Linda M Buzinec

Mailing Address: 414 Main Street

Hobart | IN | 46342 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number 219 – 942 – 6112

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.

Old National Bank

Mailing Address 1 Main Street

Evansville IN 47708 –

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Hoosier Trust Company

Mailing Address 9339 Priority Way West Drive

Suite 130

Indianapolis IN 46240 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Form/Schedule: **F1A**

Transaction ID:

A paper Statement of Organization was orginally filed in error. In response to the letter dated May 27, 2005 an Amended Statement of Organization has now been correctly filed.