

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

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

Mitch for Governor Campaign Committee Federal Fund

ADDRESS (Number and street)

1032 East Washington Street

(Check if address is changed)

Indianapolis

IN

46202

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Info@mymanmitch.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mymanmitch.com

COMMITTEE'S FAX NUMBER

3173980126

2. DATE M M / D D / Y Y Y Y
05 / 12 / 2004

3. FEC IDENTIFICATION NUMBER C C00398594

4. IS THIS STATEMENT X 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 Stephanie Reeve

Signature of Treasurer Electronically Filed by Stephanie Reeve Date M M / D D / Y Y Y Y
05 / 27 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

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
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (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

None _____

Mailing Address _____ N/A

_____ N/A _____ IN _____ 00000 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ N/A

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Mitch for Governor Campaign Committee Federal Fund

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 Stephanie Reeve

Mailing Address 1032 East Washington Street

Indianapolis IN 46202 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 317 - 803 - 3977

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 Stephanie Reeve

Mailing Address 1032 East Washington Street

Indianapolis IN 46202 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 317 - 803 - 3977

Full Name of Designated Agent Jason Barclay

Mailing Address 1032 East Washington Street

Indianapolis IN 46202 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

General Counsel Telephone number 317 - 396 - 9616

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.

Fifth Third Bank

Mailing Address

251 North Illinois Street Suite 10

Indianapolis

IN

46204

CITY ▲

STATE ▲

ZIP CODE ▲