## 03/13/2006 10:02

## Image# 2680 111429 CATION OF MULTICANDIDATE STATUS

( See reverse side for instructions ) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL ZIMMER INC BETTER GOVERNMENT COMMITTEE (a.k.a. Zimmer PAC) (b) Number and Street Address 345 EAST MAIN STREET 2. FEC IDENTIFICATION NUMBER C00399386 PO BOX 708 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) ☐ STATE PARTY WARSAW IN 46581 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Name Date (i) CHOCOLA FOR CONGRESS INC 10/15/2004 House IN 02 (ii) DAN BURTON FOR CONGRESS COMM House IN 05 10/15/2004 (iii) **EVAN BAYH COMMITTEE** Senate IN 00 10/15/2004 (iv) FRIENDS OF CLIFF STEARNS FL 10/15/2004 House 06 FRIENDS OF DICK LUGAR INC (v) IN 00 10/15/2004 Senate Contributors: The committee received a contribution from its 51st contributor 12/29/2005 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 04/17/2004 (d) Qualification: The committee met the above requirements on: 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 SIGNATURE OF TREASURER DATE Electronically Filed by 03/10/2006 Mr. James P. Simpson Mr. James P. Simpson Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC FORM 1 M