

# 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 Republican State Committee, Inc.

ADDRESS (number and street)

47 S. Meridian St. Suite 200

(Check if address is changed)

INDIANAPOLIS

IN

46204

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tsmith@indgop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.indgop.org

COMMITTEE'S FAX NUMBER

3176328510

2. DATE

MM / DD / YYYY  
03 / 06 / 2009

3. FEC IDENTIFICATION NUMBER

C C00006486

4. 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

Type or Print Name of Treasurer

Brian McGrath

Signature of Treasurer

Electronically Filed by Brian McGrath

Date

MM / DD / YYYY  
03 / 06 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate 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. (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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<input type="text" value="C"/>
2. _____	FEC ID number	<input type="text" value="C"/>
3. _____	FEC ID number	<input type="text" value="C"/>
4. _____	FEC ID number	<input type="text" value="C"/>
5. _____	FEC ID number	<input type="text" value="C"/>

Write or Type Committee Name

**Indiana Republican State Committee, Inc.**

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

**NONE**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

**Tracy Smith**

Mailing Address

**3301 Lincoln Hill Rd.**

**Martinsville**

**IN**

**46151**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Asst. Treasurer**

Telephone number

**317**

**964**

**5044**

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

**Brian McGrath**

Mailing Address

**8907 Fathom Crest**

**Indianapolis**

**IN**

**46256**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number

**317**

**502**

**9523**

Full Name of Designated Agent

Tracy Smith

Mailing Address

3301 Lincoln Hill Rd.

Martinsville

IN

46151

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number

317

964

5044

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.

Indiana Business Bank

Mailing Address

250 E. 96th St., Suite 100

Indianapolis

IN

46240

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE