PAGE 1/8 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) INDIANA REPUBLICAN STATE COMMITTEE, INC. 101 WEST OHIO STREET ADDRESS (number and street) **SUITE 2200** (Check if address is changed) **INDIANAPOLIS** 46204 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tsmith@indiana.gop (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.indiana.gop (Check if address is changed) DATE 2020 C00006486 FEC IDENTIFICATION NUMBER > 3. X 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. Williams, Charles, L.,, Type or Print Name of Treasurer Williams, Charles, L.,, [Electronically Filed] 10 2020 Signature of Treasurer Date 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. FEC FORM 1

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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye £
Can	didate	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. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo 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 Nam				i aye 🗸
	UBLICAN STATE CO	OMMITTEE	INC	
	Organization, Affiliated Committee, Jo	·		shin PAC Snonsor
-	Organization, Anniated Committee, 30	mic rundialsing Represe	illative, or Leader	silip FAC Spoilsoi
TEAM HOLCOMB				
Mailing Address	101 W. OHIO STREET			
Maining Address	SUITE 2200			
	INDIANAPOLIS		N 46204	
	CITY		TATE	ZIP CODE
		_	IAIL	ZIF CODE
Relationship: Connecte	ed Organization Affiliated Committee	✗ Joint Fundraising Rep	presentative Le	eadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number	optional) and position o	of the person in po	ossession of committee
Smith, Tr	racy, R., ,			
Full Name	,2631 Willow Lake Dr			
Mailing Address				
	Greenwood		N 46143	
Title or Position	CITY	STA	ATE	ZIP CODE
Assistant Treasurer		Telephone number	<u>317</u> – _	964 - 5044
B. Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	of the treasurer of the cor	nmittee; and the n	ame and address of
	Charles, L., ,			
of Treasurer	10504 Ashbauma Ct			
Mailing Address	2501 Ashbourne Ct			
	Valparaiso		IN 46385	
Title or Position	CITY	STA	ATE	ZIP CODE
Treasurer		Telephone number	317	635 7561
		releptione number		

<u></u>	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Smith, Tracy, R., ,	
Mailing Address	2631 Willow Lake Dr	
	Greenwood IN 46143 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc. Old National Bancorp	s accounts, rents
McIlina Add	PO Box 718	<u> </u>
Mailing Address		
	Evansville IN 47705	
	Evansville IN 47705 CITY STATE	ZIP CODE
Name of Bank, [CITY STATE	ZIP CODE
Name of Bank, [CITY STATE	ZIP CODE
Name of Bank, Dame of Bank, Da	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc. Chain Bridge Bank	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	1	EEO ID	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
WALORSKI VICT	ORY FUND		
Mailing Address	PO BOX 954		
	MISHAWAKA	IN	46546
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Repres	entative, o	or Leadership PAC Spon
BRAUN SOLUTIO	ONS COMMITTEE		1 1 1	
	499 SOUTH CAPITOL STREET SW			
Mailing Address				
	405			
	WASHINGTON		DC	20003
Relationship:	CITY ▲	Sī	ATE 🛦	ZIP CODE ▲
	d Organization	Joint Fundraising Re	epresentativ	e Leadership PAC S
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
TRUMP VICTOR	Y 		
Mailing Address	C/O RED CURVE SOLUTIONS 138 CONANT STREET, 2ND FLOOR		
	BEVERLY	ı ı MA ı	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC S
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
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Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
VICTORIA VICTO	ORY FUND		
	1 824 S MILLEDGE AVE STE 101		
Mailing Address	624 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
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