

RECEIVED
FEDERAL
ELECTION COMMISSION

2003 SEP -4 A 9 23

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FR4M5

Horizon PAC

ADDRESS (number and street)

515 Franklin Square

(Check if address
is changed)

Mexican City, IN 46360

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

317-813-2628

2. DATE

08 28 2003

3. FEC IDENTIFICATION NUMBER ▶

C 00135376

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

James H. FOGLESONG

Signature of Treasurer

James H. Foglesong

Date

08 28 2003

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
Tel Free 800-424-0630
Local 202-654-7100

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) 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.

B. Name of Any Connected Organization or Affiliated Committee

HORIZON BANK NA _____

Mailing Address

615 FRANKLIN SQUARE _____

WILMINGTON, OHIO 46360 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

HORIZON PAC

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 CAROL A. Tempel

Mailing Address 515 FRANKLIN SQUARE

MICHIGAN CITY IN 46360

Title or Position CITY STATE ZIP CODE

Internal Audit

Telephone number 219-873-2705

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 JAMES H. FOGLESONG

Mailing Address 515 FRANKLIN SQUARE

MICHIGAN CITY IN 46360

Title or Position CITY STATE ZIP CODE

CEO

Telephone number 219-873-2608

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.:

HORIZON BANK NA

Mailing Address

151 S. FRANKLIN SQUARE

MICHIGAN CITY IN 46360

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|-------------------------------------|--|--------------------------------------|
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| <i>bc1</i> | PREPARER | 9-4-03 DATE PREPARED |

(6/2000)

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