

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 OCT -4 AM 10:07 FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

David McIntosh for Indiana

ADDRESS (number and street)

P.O. Box 1314

(Check if address is changed)

Anderson

IN

46015

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

robb@davidmcintosh.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.davidmcintosh.org

2. DATE 09 ' 28 ' 2011

3. FEC IDENTIFICATION NUMBER

c00500173

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

Jackie M. Bennett, Jr.

Signature of Treasurer

*Handwritten signature of Jackie M. Bennett, Jr.*

Date

09 ' 28 ' 2011

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 Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

11030664803

5. TYPE OF COMMITTEE

**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 David M. McIntosh

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State IN District 05

- (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
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
  - 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 C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

11030664804

Write or Type Committee Name

David McIntosh for Indiana

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

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Grid for Full Name

Mailing Address

Grid for Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Grid for Title or Position

Telephone number

Grid for Telephone number

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

Grid for Full Name of Treasurer

Mailing Address

Grid for Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Grid for Title or Position

Telephone number

Grid for Telephone number

11030664805

Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position 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.

[Name of Bank, Depository, etc.]

Mailing Address

[Address line]

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Name of Bank, Depository, etc.]

Mailing Address

[Address line]

[Address line]

[Address line]

CITY

STATE

ZIP CODE

11030664806

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked

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No Postmark

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 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*

PREPARER  
 (3/2005)

*10/4/11*

DATE PREPARED

11030664807