

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.

12FE4M5

INDIANA REPUBLICAN STATE COMMITTEE, INC.

ADDRESS (number and street) 47 S. MERIDIAN ST. SUITE 200

(Check if address is changed)

INDIANAPOLIS

CITY ▲

IN

STATE ▲

46204

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tsmith@indgop.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.indgop.org

2. DATE

10 / 09 / 2012

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 Peter J. Deputy

Signature of Treasurer

Peter J. Deputy

[Electronically Filed]

Date

10 / 09 / 2012

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 06/2012)

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 _____

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 STA (National, State or subordinate) committee of the REP (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 _____

Write or Type Committee Name

INDIANA REPUBLICAN STATE COMMITTEE, INC.

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

HICKORY HOOSIER JFC

Mailing Address 47 S MERIDIAN STREET SUITE 200

INDIANAPOLIS

IN

46204

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 Tracy R. Smith

Mailing Address 3301 Lincoln Hill Rd.

Martinsville

IN

46151

Title or Position

CITY

STATE

ZIP CODE

Controller

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 Peter J. Deputy

Mailing Address 52148 S. Lakeshore Dr.

Granger

IN

46530

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 574 - 532 - 4001

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Indiana Business Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

250 E. 96th St., Suite 100

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Indianapolis

[Empty grid for Mailing Address line 3]

IN

[Empty grid for Mailing Address line 4]

46240

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Old National Bancorp

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

PO Box 718

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Evansville

[Empty grid for Mailing Address line 3]

IN

[Empty grid for Mailing Address line 4]

47705

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

TARGET STATE VICTORY FUND

Mailing Address

1609 SHOAL CREEK BLVD STE 203

AUSTIN

TX

78711

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____