Identification #
C00609719

4-11-16

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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ATTN: Laura Sinram

Dear Ms. Sinram,

Per your correspondence and our conversation, please find the FEC Form 1 with the banking information for INPACT, our assigned EIN # is 81-2138232. Please call me if additional information is needed. My cell phone number is 317-590-0985.

Sincerely,
Carl Bizzi

2016040140300063844

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ENPACT

ADDRESS (number and street) 116 Sagolio Road, Suite 1000-226

◀ (Check if address is changed)

FISHERS IN 46037-7

CITY▲ STATE▲ ZIP CODE▲

COMMITTEE'S E-MAIL ADDRESS

/ ◀ (Check if address is changed) carlbrizzi@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address is changed)

2. DATE MM / DD / YYYY 04 11 2016

3. FEC IDENTIFICATION NUMBER ▶ C00609719

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 Carl J. Brizzi

Signature of Treasurer [signature] Date MM / DD / YYYY 04 11 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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)

2016-04-14 PM 03:00 00000 3475

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 (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

2016-04-14-03000-00386

Write or Type Committee Name

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

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

Mailing Address

Title or Position CITY STATE ZIP CODE

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: CARL J. BRIZZI

Mailing Address: 11650 OHIO ROAD, SUITE 1000-224

FISHERS IN 46037

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 317-599-0985

2016140300008847

Full Name of Designated Agent

Mailing Address

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.

Stockyards Bank & Trust

Mailing Address 1145 North Meridian Street

Carmel IN 46032

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

2016-04-14-00003848

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WASHINGTON DC 20463-0001

MD 201 9-83

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