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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2004 SEP 21 A 9:48

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: Mitch for Governor Campaign Committee

(b) Address (number and street) ☐ check if different than previously reported: 1032 E. Washington Street

(c) City, State and ZIP Code: Indianapolis, IN 46202

(d) Name of Employer or Principal Place of Business: N/A

(e) Occupation:

2. FEC Identification Number: C N/A

3. Is This Statement ☐ New or ☑ Amended

4. Covering Period: 08 09 2004 through 08 17 2004

5. (a) Date of Public Distribution(s): 08 17 2004 (b) Communication Title: "Strong"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No ☑

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☑

8. Custodian of Records

(a) Name: Stephanie Reeve

(b) Address (number and street): 1032 E. Washington Street

(c) City, State and ZIP Code: Indianapolis, IN 46202

(d) Name of Employer or Principal Place of Business: Mitch for Governor Campaign Committee

(e) Occupation: Treasurer

9. Total Donations This Statement: [illegible]

10. Total Disbursements/Obligations This Statement: 204,907.05

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Stephanie M. Reeve

SIGNATURE: [signature] DATE: 9/1/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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