The Mitch for Governor Campaign Committee

FAX TRANSMISSION

To: Federal Election Commission
Company:
Fax No.: (202) 219-0174

From:
Date:
Number of Pages (including this page): 4

Message:

Mitch for Governor
1032 East Washington Street
Indianapolis, IN 46202

The Mitch for Governor Campaign Committee
1032 E. Washington Street
Indianapolis, IN 46202
Phone: 1-877-MITCH-4-U
www.mymanmitch.com

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

3. Is This Statement ☑ New or ☐ Amended

4. Covering Period 04 05 2004 through 04 07 2004

5. (a) Date of Public Distribution(s) 04 07 2004 (b) Communication Title "Raymee Bio"

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 / Treasurer

(e) Occupation

9. Total Donations This Statement N/A

10. Total Disbursements/Obligations This Statement 13,566.00

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 4/8/2004

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

FE3AN008.FDF FEC FORM 9 (REV. 02/2003)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
Bill Oesterle
(b) Address (number and street)
1032 E. Washington Street
(c) City, State and ZIP Code
Indianapolis, Indiana 46202
(d) Name of Employer or Principal Place of Business (e) Occupation
Mitch for Governor Campaign Committee Campaign Manager

B. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee: Bill Perkins

Mailing Address of Payee: 7255 N. Shadeland Ave.

City: Indianapolis State: IN Zip Code: 46250

Name of Employer: [redacted] Perkins Nichols Media Occupation:

Date of Disbursement or Obligation: 04 04 2004

Amount: 13,566.00

Communication Date: 04 04 2004

Purpose of Disbursement (including title(s) of communication(s)): 30 second Mitch Daniels for Governor "Raymee Bio" advertisement

Name of Federal Candidate: George W. Bush
Office Sought: [ ] House [ ] Senate [X] President
State: District:
Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 13,566.00

TOTAL This Period (last page this line number only) ▶ 13,566.00
(carry total from last page to Line 10)

FEC FORM 3 (REV. 02/2003)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A	N/A
PREPARER	DATE PREPARED

(2/2004)