FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ' | (See instruction | | N | | | | | Off | ice use o | nlv | | | |
|---------------------------------|-------------------------|----------------------------|--------------|---|------------------------|---------|---------|----------|------------|-----------|-------------------|-------|------------------|----------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exar over | nple: If typyi the lines | ng, type | | 12FE | 4M5 | 1 1 | 1 |] | | | |
| Orentlicher fo | r Congress | <u> </u> | | | 111 | | | | 1 1 | 1 1 | 1 1 | | | لــا |
| Lititi | | | | 1111 | 1 1 1 | 1.1 | ı | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 | ιI |
| ADDRESS (number and | street) 5200 | Grandview Drive | e | | | | | | | | 11 | ш | | _ _ |
| (Check if addr is changed) | | napolis | | | | | IN L |] | <u>—</u> | 462 | 28 – | | | ப ப |
| | | | CITY▲ | | | S | TATE | _ | | Z | P COD |)E 📥 | | |
| COMMITTEE'S E-MA David-O@Dav | | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | ш | | | | — | | 니 |
| | | | | ШШ | | | | Щ | | | | ш | | Ц |
| COMMITTEE'S WEB | PAGE ADDRESS (U | RL) | | | | | | | | | | | | |
| | | | | ш | | | | ш | ш | | ш | ш | | Ш |
| | | | | | 111 | ш | | | 1 1 | | | | | Ш |
| COMMITTEE'S FAX N 3173447412 | NUMBER | | | | | | | | | | | | | |
| 2. DATE 0.1 | 1 / D D / Y | 2008 | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C | Coo | 442814 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT X NEW | (N) OR | | AMEN | DED (A) | | | | | | | | | |
| I certify that I have exam | ined this Statement and | to the best of my know | vledge ar | d belief it is tr | rue, correct | t and c | omple | te | | | | | | _ |
| Type or Print Name of | Treasurer | David Gabovitch | | | | | | | | | | | | |
| Signature of Treasurer | . Electronically File | d by David Gab | ovitch | | | Da | ate | 0 | 1 / | D 2 | 2 ′ | Y Y Y | 0 [°] 0 | 8 |
| NOTE: Submission of fa | | nplete information may | | | | | | | | of 2 U.S | .C. S43 | 37g. | | |
| Office Use Only | | | | For further Federal Elec Toll Free 80 | tion Comm 0-424-953 | nissior | | | | | FOF | | 1 | _ |

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|---|---|---|
| 5. TYPE OF COMMITTEE (C | Check One) | |
| (a) X This comm | nittee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) This comminformation | nittee is an authorized committee, and is NOT a principal campaign committee. (Complete below.) | te the candidate |
| Name of Davi Candidate Davi | id Orentlicher | |
| Candidate Party Affiliation | Office X House Senate President | State IN District 07 |
| (c) This commit | ittee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| | (National, State (or subordinate) committee of the ittee is a separate segregated fund ittee supports/opposes more than one Federal candidate, and is NOT a separate segreg | (Democratic, Republican,etc.) Party. |
| 6. Name of Any Connected | Organization or Affiliated Committee | |
| 1 | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY▲ STATE ▲ | ZIP CODE |
| Relationship | | |
| Type of Connected Organiz | zation: | |
| Corporation | Corporation w/o Capital Stock Labor Org | ganization |
| Membership Orga | anization Trade Association Cooperation | ve |

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|---|---|---------------------------------|--|-----------------|
| Write or Type Cor | mmittee Name | | | |
| Orentliche | r for Congress | | | |
| | Records: Identify by of Committee books a | | nber optional), and position of | the person in |
| Full Name | | | | |
| Mailing Addres | | | | _ |
| | | | | |
| Title or Positio | on ♥ | CITY A | STATE ▲ | ZIP CODE A |
| | | | Telephone number | |
| R. Treasurer: I name and a Full Name of Treasurer | List the name and add ddress of any designated by the designate by the designated by the designation of the | ated agent (e.g., assistant tre | onal) of the treasurer of the comeasurer). | mittee; and the |
| Mailing Addres | ss | 6100 West 96th Stree | et | |
| | | Suite 250 | | |
| | | Indianapolis | | 46278 |
| Title or Positio | on ♥ | CITY A | STATE ▲ | ZIP CODE A |
| | Treasurer | | Telephone number 317 | 344 7312 |
| Full Name of Designated Agent | | | | |
| Mailing Addres | SS | | | |
| | | | | |
| Title or Positio | on ♥ | CITY A | STATE A | ZIP CODE A |
| | | | Telephone number | |

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| Banks or Other De safety deposit boxe | epositories: List all banks or other depositories in which the committed or maintains funds. | ee deposits funds, holds acco | ounts, rents |
|--|---|-------------------------------|--------------|
| Name of Bank, Dep | ository, etc. | | |
| Mailing Address | National Bank of Indianapolis 107 North Pennsylvania | | |
| Ğ | Suite 700 | | |
| | Indianapolis | IN 4 | 6204 |
| | CITY 🛕 | STATE 4 | ZIP CODE 🛕 |
| Name of Bank, Dep | ository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🗻 | STATE 4 | ZIP CODE 🛕 |