THOMPSON FOR CONGRESS 814 E 15th Street Indianapolis, IN 46202 (317) 604-1276 andrew@fla21.com

RECEIVED FEC MAIL CENTER
2017 JUL 17 PM 2: 19

July 12, 2017

FEDERAL ELECTION COMMISSION 999 E Street, NW Washington, DC 20463

Re: Termination of Committee FEC ID# C00610915

Dear Ma'am/Sir:

As the candidate who ran under this committee, I am requesting the committee's termination as of this date. Enclosed herewith, please find amended FEC Form 1 and FEC Form 3 for the period of 10/20/16 through 6/30/17.

I am also informing the FEC of the forgiveness of the candidate loan to the committee with a remaining balance of \$2,954.25.

If there is anything else you require, please let me know.

Sincerely,

Andrew Mhompson Candidate/Lender

enclosures

2017 : 07 : 17 : 03 : 00164017

FEC

Use

Only

STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

FORM 1			ì	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
[THUMPSON F	OR CONGRES	<u>S.S </u>		لتبيينا
<u> </u>				
ADDRESS (number and street)	1814 8 115	T, 14 , , , , , , , , , , , , , , , , , ,	1,1111	
(Check if address is changed)				
	CITY A	0415	STATE A	46,202 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS		1. 1	
(Check if address is changed)	ANDRAWE	FLAZI. COM	<u>, </u>	
	Optional Second E-Mail Ad		• <i>2</i>	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DDRESS (URL)			
2. DATE 07/2	2 2277			
3. FEC IDENTIFICATION N	IUMBER ► C	20610915	!'	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·	
certify that I have examined	this Statement and to the bes	st of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of Treasure	er Amonew	THOMSON/	CANDIDA	4TE
Signature of Treasurer	A5		Date 07	1/2/2017
NOTE: Submission of false, error		n may subject the person signing		the penalties of 52 U.S.C. §30109.
Office		For further information	contact:	FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	F	FEC Fo	rm 1 (Revised 02/2009) Page 2								
5.			OMMITTEE								
	Can	didate	te 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 Cand		ANOREW THUMPSON								
	Cand Party	lidate Affiliati	on LIB Office State State President District								
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Cand		ANORAW THOMPSON								
	Part	lv Con	nmittee:								
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party								
	Poli	tical A	ction Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a								
		1.02.2	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								
	Join	t Fund	draising 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.								
		Com	mittees Participating in Joint Fundraiser								
		1.									
			L EEC ID number								
		2.	FEC ID number								
		3.	FEC ID number C								
		4.	FEC ID number								

			<u> </u>
FEC Form 1 (Revise	d 02/2009)		Page 3
Write or Type Committee Na	me .	•	îi . 11
			1 1.
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	indraising Representative,	or Leadership PAC Sponsor
Mailing Address			
•			
			لــــــــا-
•	CÎTY	STATE	ZIP CODE
Relationship: Connec	sted Organization Affiliated Committee	oint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Records: le books and records.	dentify by name, address (phone number opt	ional) and position of the p	erson in possession of committee
Full Name A	DREW THOMPSON		
Mailing Address	814 E 15 TH		
			, , , , , , , , , <u>, , , , , , , , , , </u>
	LINDIANA ROLLS	1.1	41.202
Title on Deciti			7099
Title or Position	CITY	STATE	ZIP CODE
CAND WAT	4	Telephone number 3	171-1604-11276
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the ., assistant treasurer).	treasurer of the committee	; and the name and address of
Full Name	HN BYCTON		
5. 110255151 <u>G. G.</u>			
Mailing Address	50 15 W STATE B	-414101, 1D	
		1 1 1 1 1 1 1	11-11-11
	115 LOOM NGTON	STATE	7/404
Title or Position	CITY	SIAIE	12. 2 2 1 11 2 2
1 REASU48	14	Telephone number	121-13-341-14000

1 20 101	ii i (hevise	d 02/2009)											Pa	ge 4
			-											
Full Name of Designated Agent					1 1 1	<u> </u>		 Ll			1			1.1.
Mailing Address									1_1		1	لحلنا		1 1
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Title or Position														
						Tele	phone	numbe	er L	1_1		<u></u> _	۱- ل	
 														
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Mailing Address	Depository,	etc.		CITY		1		- - - - -						1 1

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FEC	Form	18	(Revised	02/2017)

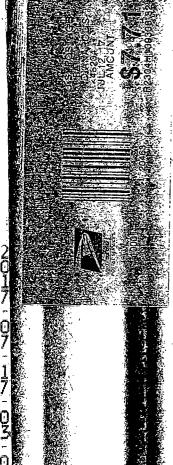
Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	of	

					
5(g) o	r(h). Joint Fundraisir	ng Participant:			
	1. []]]]]		: 	FEC ID number	
	2.			FEC ID number	
	3.			FEC ID number	
	4		, <u> </u>	FEC ID number	C
•			1		
6.	Name of Any Connected	Organization, Affiliate	d Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
			<u> </u>		
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	Relationship:	<u> </u>	CITY A	L_L_I STATE ▲	ZIP CODE ▲
	Connecte	d Organization	iliated Committee	, int Fundraising Represent	ative Leadership PAC Sponsor
				<u> </u>	
8.	Designated Agent: Identif	y by name, address (p	hone number - optional)		Name of the second of the seco
	Full Name	romana (m. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A COLUMN TO A STATE OF THE STAT	Strains of the control of a	
	Mailing Address			1 1 1 1 1 1 1	
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	TITLE OR POSITION		CITY A	STATE ▲	ZIP CODE ▲
				Telephone Number	
					
	Banks or Other Deposito safety deposit boxes or m		other depositories in which	th the committee deposi	ts funds, holds accounts, rents
		·			
	Name of Bank, Depository, etc. 1		<u> </u>		
	Mailing Address		<u> </u>		
					
1			CITY A	STATE ▲	ZIP CODE ▲

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Jederal Electron Convussion 999 E. Street, NW Washington, DC 20463



E. H.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate the second sec	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 7/12/2017
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER MP	7/17/2017 DATE PREPARED
(3/2015)	D. C. E. I. I. E. J. I. E. D.