Only

STATEMENT OF

PAGE 1 / 7 =

FORM 1		Ol	RGAN	IZA	TIO	N										
1. NAME OF			heck if name	e	Examp	ole:If typ	oing, t	уре	1	2 F F	Ξ4M		ffice Us	se Only		
COMMITTEE (ir	n full)	is	changed)		over th	ne lines	•		L	211						
Houchin for	Congre	SS 														
ADDRESS (number a	nd street)	PO Box 4	4045													
(Check if a																
13 Grianges	<i>1)</i>	Indianapo	lis	1 1		1 1	1 1	, I		IN		462	244		-	
		CIT	Υ▲						S	TATE	A			ZIP	CODE	A
COMMITTEE'S E-MA	AIL ADDRES	SS														
(Check if a is changed		mike@er	inhouchin.co	m												
			Second E-Ma		ess											1
		adoy & and	opolitica visore	3110.00111												
COMMITTEE'S WEB		,	L) louchin.com													
is changed																
2. DATE 0	6 25		y y y 2025													
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C008	800649											
4. IS THIS STATE	MENT	NEW ((N) O	R	×	AME	NDE) (A)								
I certify that I have e	examined thi	s Statemer	it and to the	best of	my kno	wledge	and	belief	it is t	rue, o	correc	ct and	d comp	plete.		
Type or Print Name	of Treasurer	Cross, Mi	ke, , ,													
Signature of Treasure	er Cross	Mike, , ,							Da	te	0	6 6	2	5		025
NOTE: Submission of	false, errone		mplete inform NGE IN INFC		-			-	-				penal	ties of	52 U.S	.C. §30109
Office Use					Fe	or furthe ederal Ele oll Free 8	ection (Commis		ct:					RM 6/2012)	

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Candidate Houchin, Erin, , ,	<u> </u>
Candidate Party Affiliation REP Office Sought: X House Senate President	State IN District 09
(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 Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	itive
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 committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1 C	

	FF0	2/2020	- I
14	FEC Form 1 (Revised 0)	2/2009)	Page 3
۷۱	/rite or Type Committee Name		
	Houchin for Cong		
3.	•	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	HOUCHIN VICTORY	FUND	
	Mailing Address	PO BOX 441446	
		INDIANAPOLIS INDIANAPOLIS 46244	1.1
	_	CITY ▲ STATE ▲ ZI	P CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative Lea	dership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	of committee
	Cross, Mike		
	Full Name	*,, 	
	Mailing Addraga	617 Cross Wind Dr	
	Mailing Address		
		Greenwood IN 46143	
		CITY A CTATE A 7	D CODE A
	Title or Position ▼	CITY ▲ STATE ▲ ZI	P CODE ▲
	Treasurer	, 631 , 22	0 2765
	Treasurei	Telephone number	- 2705
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Cross, Mike	9, , ,	
	of Treasurer		
	Mailing Address	617 Cross Wind Dr	
		Greenwood IN 46143	
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Title or Position ▼		
	Treasurer		0 - 2765

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Smith, Tracy, R, ,		
Mailing Address	2631 Willow Lake Dr		
	Greenwood	IN 4614	3
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telepho	ne number	
	Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits funds, ho	olds accounts, rents
Name of Bank, D	Depository, etc.		
	Old National Bank		
Mailing Address	1 Monument Circle Ste 150		
	Indianapolis	IN4620-	4
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave.		
	McLean	VA 22102	2
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
-	STE 115		
Relationship:	ALEXANDRIA CITY	VA STATE ▲	22314
Helationship.	CITY	SIAIE	ZIP CODE A
	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or many part of the position of the posit	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the saf	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which an anintains funds. C City Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
LEXINGTON VICTO	RY COMMITTEE		
Mailing Address	824 S. MILLEDGE AVE		
	STE 101		
	ATHENS	GA GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee X Jo		
esignated Agent: Identification	Affiliated Committee X Jo	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jo Ty by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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1					
2.			FEC ID	number	С
			FEC ID	number	C
3.			FEC ID	number	C
4.			FEC ID	number	С
					
lame of Any Connec	ted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spon
GOP WINNING W	/OMEN 2026				1 1 1 1 1 1 1 1 1
Mailing Address	228 S WASHIN	GTON ST STE 115		1 1 1	
-					
	ALEXANDRIA		1	VA	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
	ected Organization		Joint Fundraising		tive Leadership PAC S
esignated Agent: Ide		s (phone number – option			
esignated Agent: Ide					
esignated Agent: Ide					
esignated Agent: Ide Full Name Mailing Address	entify by name, addres	s (phone number – option	nal)		
Pesignated Agent: Ide	entify by name, addres		nal)	TATE A	ZIP CODE A