

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Brose McVey for Congress

ADDRESS (Home or street) Suite 2000, Box B2064

(Check if address is changed) Indianapolis IN 46282

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dlong@hallrender.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mcveyforcongress.org

2. DATE 12 / 06 / 2002

3. FEC IDENTIFICATION NUMBER C00365999

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Douglas Long

Signature of Treasurer Electronically Filed by Douglas Long Date 12 / 06 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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 of Candidate Brose McVey

Candidate Party Affiliation	Rep	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	IN
						District	7

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

**Brose McVey for Congress**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Douglas Long**

Mailing Address **8336 Catamaran Dr.**

**Indianapolis** **IN** **46236 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **317** - **633** - **4884**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Douglas Long**

Mailing Address **8336 Catamaran Dr.**

**Indianapolis** **IN** **46236 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **317** - **633** - **4884**

Full Name of Designated Agent **Charles Sukurs**

Mailing Address **4732 Cornelius Avenue**

**Indianapolis** **IN** **46208 -**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **317** - **633** - **4884**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Fifth Third Bank**

Mailing Address

251 N. Illinois St.

Suite 1000

Indianapolis

IN

46202 - 3605

CITY Δ

STATE Δ

ZIP CODE Δ

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name Brose McVey

Mailing Address 5986 Crestview Avenue

Indianapolis IN 46220 -  
CITY ▲ STATE ▲ ZIP CODE ▲

Candidate Telephone number 317 - 254 - 9443