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## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) RED GOLD, INC. POLITICAL ACTION COMMITTEE PO BOX 83 ADDRESS (number and street) (Check if address is changed) **ELWOOD** 46036 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mtebbe@redgold.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00390112 FEC IDENTIFICATION NUMBER > 3. X 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. Teebe, Matthew, , Mr., Type or Print Name of Treasurer Teebe, Matthew, , Mr., [Electronically Filed] 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE idate 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. (Con information below.)	,
Name of Candida	of	
Candida Party A	ate Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee:	
(d)	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number C	
	3. FEC ID number C	
	4.	

	_				
l	FEC Form 1 (Revised (	02/2009)			Page <b>3</b>
V	Vrite or Type Committee Name				-
ŀ	RED GOLD, IN	C. POLITICAL ACTI	ON COMMIT	TEE	
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	nt Fundraising Represent	ative, or Lead	ership PAC Sponsor
R	ED GOLD, INC. POL	LITICAL ACTION COMMITTI	<b>≣E</b> 		
L					
	Mailing Address	PO BOX 83			
	J				
		ELWOOD		46036	; ; , , ,  -  , , ,
		CITY	STA	TE	ZIP CODE
	Relationship: <b>x</b> Connected	d Organization Affiliated Committee	Joint Fundraising Repre	esentative	Leadership PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of	the person in	possession of committee
	Austin, Ste	eve, , ,			1
	Full Name	204 N. Winthrop			
	Mailing Address				
				4720	4
		Muncie	in lin	4730	<u> </u>
	Title or Position	CITY	STATI	E	ZIP CODE
	Government Affairs		Telephone number	765	557 - 5500
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the comm	nittee; and the	name and address of
	Full Name Teebe, Ma of Treasurer	tthew, , Mr.,			
	Mailing Address	1805 E. 241st			
		Cicero	<b>IN</b>	46034	
	Title or Position	CITY	STATE	Ξ.	ZIP CODE
	Finance Manager		Telephone number	765	557 - 5500

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Teebe, Matthew, , Mr.,	
Mailing Address	1805 E. 241st	
	Cicero IN 46034	
Title or Position	CITY STATE	ZIP CODE
1		
	Star Financial Bank	1
Mailing Address		
Mailing Address	Elwood IN 46036	
Mailing Address		ZIP CODE
Mailing Address  Name of Bank,	Elwood IN 46036  CITY STATE	ZIP CODE
	Elwood IN 46036  CITY STATE	ZIP CODE
	Elwood IN 46036  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank,	Elwood IN 46036  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank,	Elwood IN 46036  CITY STATE  Depository, etc.	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). <b>Joint Fundraising</b>	<b>Раписірані.</b>			
1.		FEC II	0 number	C
2.		FEC II	O number	С
3.		FEC II	0 number	С
4.		FEC II	0 number	С
ame of Any Connected (	Organization, Affiliated Committee, J	oint Fundraising Re	oresentative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
<b>x</b> Connected	Organization Affiliated Committee	Joint Fundraisin	g Representa	Leadership PAC S
	Organization Affiliated Committee  by name, address (phone number – c		g Representa	Leadership PAC S
esignated Agent: Identify	_		g Representa	Leadership PAC S
esignated Agent: Identify  Full Name	_		g Representa	Leadership PAC S
esignated Agent: Identify  Full Name	_		g Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – o	optional)	g Representa	
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – o	optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – o	optional)  Telephone N	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – o	optional)  Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc	by name, address (phone number – o	optional)  Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc	by name, address (phone number – o	optional)  Telephone N	STATE A	ZIP CODE A