## 2024 - 04 - 09 - 0M - 00466127

FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1	ORGANIZATION	2024 APR -9 AM 9: 54
NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
FRIENDS	OF ED SEIN	
ADDRESS (number an	id street)   PO   BOX   242	
☐ (Check if ad is changed)	ddress	
	BOONVILLE	1/M 1/7/60 1-0/2/4/24 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAI	IL ADDRESS	
(Check if a is changed)		
	Optional Second E-Mail Address  [N.a.N.S.C.o.++2.0.1.0.89mail.	C161M
COMMITTEE'S WEB	PAGE ADDRESS (URL)	•
(Check if a is changed)		
2. DATE	3 20 2024	
3. FEC IDENTIFIC	C 00.8.68.7.4.5	
4. IS THIS STATEM	MENT NEW (N) OR AMENDED (A)	
I certify that I have ex	xamined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name o	of Treasurer Nancy Ann Woolsey	1
Signature of Treasure	of Treasurer Nancy Ann Woolsey  Tancy a. Woolsey	Date 03 26 2024
NOTE: Submission of f	lalse, erroneous, or incomplete information may subject the person signing to ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information confederal Election Commission Toll Free 800-424-9530	

EC Form	1 (Revised 03/2022)	Page 2
TYPE C	OF COMMITTEE:	<u> </u>
Candid	date 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 information below.)	e candidate
Name Candi	TO SIND DISTRICT OF A SI	
Candi Party	Affiliation DEM Office Sought: House Senate President	State // /V
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	1010
	ne of IEDWARD UPTON SEIN	
Party (	Committee:	
(d)	This committee is a (National, State (Democratic or subordinate) committee of the Republican,	
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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 F	Fundraising Representative:	<u></u>
(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
Corr	nmittees Participating in Joint Fundraiser	
1.		
2		

7,

J	FEC Form 1 (Revised 0	3/2022)	Page <b>3</b>
٧	Vrite or Type Committee Name		
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Mailing Address		
	Relationship: Connected	CITY ▲ STATE ▲  Organization	ZIP CODE ▲ Leadership PAC Sponse
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in possess	ion of committee
	Full Name Name	LY ANN WOOLSEY	<u> </u>
	Mailing Address	PO BOX 242	
		BOONVILLE IN 1476	01-0242
	Title or Decision or	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position   TREASURER	Telephone number 8.1.2 - L	e 411-16333
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
	Full Name of Treasurer	Y ANN WOOLSEY	
	Mailing Address	[P.6. B.6.X. 2.4.2.	
		BOUNVILLE VIN 1470	01-10242
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TIRE OF POSITION V		41-6333

CITY A

STATE A

ZIP CODE ▲

STEPHANIE GERHARDT

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Full Name of Designated

Agent

2024
04
9
03
00466131

FEC Form 1S (Revised 03	Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9	Page <b>of</b>
(i) or (j). Joint Fundrals	ng Participant:	
1	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
	<del>, , , , , , , , , , , , , , , , , , , </del>	
Mailing Address	1	
Relationship:	CITY A STATE	ZIP CODE A
Connect	ed Organization Affiliated Committee Joint Fundraising Represe	_
Full Name	ify by name, address (phone number – optional)	
Mailing Address		
`		710 0005 A
TITLE OR POSITIO	N ▼ CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone Number	
Banks or Other Deposit	ories: List all banks or other depositories in which the committee deponaintains funds.	sits funds, holds accounts, rents
Name of Bank, Depository, etc.		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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PO BOX 242 BOONVILLE IN 47601

FEDERAL ELECTIONS

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Evansville Annex 477



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