

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 AUG 14 PM 2:57
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MIKE BRAUN FOR INDIANA

ADDRESS (number and street)

505 MAIN ST

(Check if address is changed)

JASPER

CITY ▲

IN

STATE ▲

47546

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

travis@sdpcaging.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.mikebraunforindiana.com

2. DATE

MM / DD / YYYY
08 / 02 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C

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

Travis Kabrick

Signature of Treasurer

Travis Kabrick

Date

MM / DD / YYYY
08 / 09 / 2017

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201708140200246271

5. TYPE OF COMMITTEE

Candidate 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 of Candidate BRAUN, MIKE, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State IN District 00

- (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 (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

MIKE BRAUN FOR INDIANA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 KABRICK, TRAVIS, . .

Mailing Address PO BOX 25132

ST PAUL MN 55125

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 651 - 587 - 8379

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 KABRICK, TRAVIS, . .

Mailing Address PO BOX 25132

ST PAUL MN 55125

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 651 - 587 - 8379

201708140200246273

Full Name of Designated Agent | SCHAICK, MATT, . . .

Mailing Address | 1248 W 6th St

|

Jasper | IN | 47546 |

CITY STATE ZIP CODE

Title or Position | ASSISTANT TREASURER | Telephone number | - | - |

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.

SPRINGS VALLEY BANK & TRUST

Mailing Address | PO BOX 830

|

JASPER | IN | 47547 |

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

|

Mailing Address |

|

| | - |

CITY STATE ZIP CODE

201708140200246274

FedEx Express



FedEx Smart
envelopes

POST OFFICE



United States Senate
Post Office

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FOR
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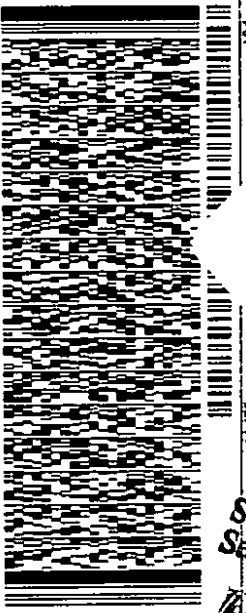
ORIGIN 10:JDTA (651) 587-8379
TRAVIS KAERICK
7300 HUR PLVD N STE 240
SAIN* 0709 55128
UNIT 08-10

OF THE SENATE
VIC RECORDS

SHIP DATE: 09AUG17
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Senate Post Office
AUG 10 2017



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

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Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	08/10/17	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

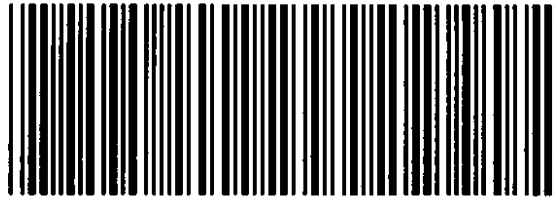
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

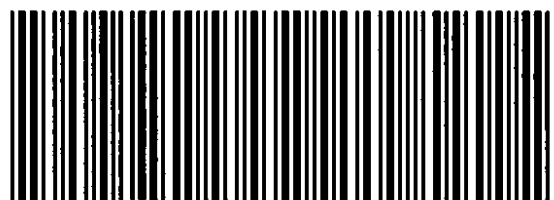
OTHER _____
Date of Receipt or Postmark

PREPARER **MH** DATE PREPARED **08/14/17**

201708140200246276



SEN PATCH



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