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INDIANA MICHIGAN POWER COMPANY
CIVIC ACTION PROGRAM
ONE SUMMIT SQUARE
P. O. BOX 60
FORT WAYNE, INDIANA 46801

AUGUST 6, 1997

Federal Election Commission
999 E Street NW
Washington, D. C. 20463

Gentlemen:

Indiana Michigan Power Company Civic Action Program (FEC IDENT. NO.
C00139642) Amended Statement of Organization is hereby submitted.

Very truly yours,


Maurice C. McIntyre
Treasurer

jds

Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM (IMCAP)	2. DATE AUGUST 6, 1997
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) ONE SUMMIT SQUARE, PO BOX 60	3. FEC IDENTIFICATION NUMBER C00139642
(c) City, State and ZIP Code FORT WAYNE, INDIANA 46801	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
MAURICE C. McINTYRE	P.O. BOX 60, Fort Wayne, IN 46801 (219-425-2107)	TREASURER

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	Mailing Address	Title or Position
MAURICE C. McINTYRE	P.O. BOX 60, Fort Wayne, IN 46801 (219-425-2107)	TREASURER

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.	Mailing Address and ZIP Code
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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	SIGNATURE OF TREASURER	DATE
MAURICE C. McINTYRE	<i>Maurice C. McIntyre</i>	8/6/97

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.

PRINCIPAL OFFICERS OF THIS COMMITTEE

William J. Lhota	Chairman	Riverside Plaza, Columbus, OH 43215
C. R. Boyle III	Vice Chairman Administration	PO Box 60, Fort Wayne, IN 46801
D. L. Baker	Vice Chairman Disbursements	PO Box 60, Fort Wayne, IN 46801
G. A. Clark	Secretary	PO Box 60, Fort Wayne, IN 46801
M.C. McIntyre	Treasurer	PO Box 60, Fort Wayne, IN 46801

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>8-7-97</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>[Signature]</i>	<i>8-12-97</i>
PREPARER	DATE PREPARED