# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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OFFICE OF RECORDS & REGISTRATION
95 OCT -6 AM 9:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)<br>LINCOLN NATIONAL CORP. POLITICAL ACTION COMM. | 2. DATE<br>SEPT. 26, 1995 |
| (b) Number and Street Address ☐ (Check if address is changed)<br>200 E. BERRY STREET | 3. FEC Identification Number<br>C 00110577 |
| (c) City, State and ZIP Code<br>FORT WAYNE, IN 46802 | 4. Is This Report An Amendment?<br>☒ YES ☐ 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 _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee.

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FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION
OCT 16 11 PM '95

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| AMERICAN STATES INSURANCE CO.<br>POLITICAL ACTION COMMITTEE | 500 N. MERIDIAN ST.<br>P.O. BOX 1636<br>INDIANAPOLIS, IN 46206-1636 | AFFILIATED |

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 |
|---|---|---|
| JANET WHITNEY | P.O. BOX 1100, FT. WAYNE, IN 46801 | V.P./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 |
|---|---|---|
| JANET WHITLEY | P.O. BOX 1100<br>FT. WAYNE, IN 45801 | VICE PRESIDENT/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 |
|---|---|
| FORT WAYNE NATIONAL BANK | P.O. BOX 110<br>FORT WAYNE, IN 46801-0110 |

*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 |
|---|---|---|
| JANET C. WHITNEY | [signature] | [illegible] |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

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**FEC FORM 1**
(revised 4/87)

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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.

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| ☑ | Received from the House Office of Records and Registration | DATE OF RECEIPT 10/6/95 A.A.O. |
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A.Q.
PREPARER

10/16/95
DATE PREPARED

FEC FORM 70-2 (12/92)

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