

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
710  
CENTER  
703 MAR 21 A 10 26

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12 PEANS  
FRIENDS OF JON JENNINGS COMMITTEE

ADDRESS (number and street) (Check if address is changed)  
P.O. BOX 3155  
EVANSVILLE IN 47731-3155  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
INFO@JENNINGSFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
WWW.JENNINGSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER  
812-490-1106

2. DATE 03 17 2003

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 DAVID A. BOHMER

Signature of Treasurer [Signature] Date 03 17 2003

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.

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: ION PAUL JENNINGS

Candidate Party Affiliation: DEM      Office Sought:  House       Senate       President      State: IN      District: 08

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: \_\_\_\_\_

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**FRIENDS OF JON JENNINGS COMMITTEE**

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 **JON PAUL JENNINGS**

Mailing Address **5388 EPWORTH ROAD**

**NEWBURGH** **IN** **47630**

Title or Position  CITY  STATE  ZIP CODE

**CANDIDATE** Telephone number **812-455-2433**

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 **DAVID JACAN BOMER**

Mailing Address **11001 CRESCENT DRIVE**

**GREENCASTLE** **IN** **46135**

Title or Position  CITY  STATE  ZIP CODE

**DIRECTOR: PSON** Telephone number **765-653-9251**

Full Name of Designated Agent **AMY ALISON JENNINGS**

Mailing Address **5388 EPWORTH ROAD**

**NEWBURGH** **IN** **47630**

Title or Position  CITY  STATE  ZIP CODE

**ASSISTANT TREASURER** Telephone number **812-490-1100**

8. 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.

INTEGRA BANK

Mailing Address

21 S.E. 3rd STREET

EVANSVILLE

IN

47705

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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<i>[Signature]</i> PREPARER	3/18/03 DATE PREPARED

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