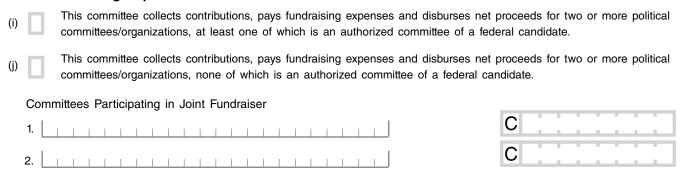
| FEC FORM 1 | STATEMEN ORGANIZ | | Office L | PAGE 1 / 9 |
|--|---|---|---------------------------|-----------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | SUITE 2200 | | | |
| | | | LIN 46204 STATE ▲ | |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | tsmith@indiana.gop | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| COMMITTEE'S WEB PAGE / (Check if address is changed) | ADDRESS (URL) | | | |
| 2. DATE 04 / | 04 / Y Y Y Y 2024 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C | 00006486 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined | d this Statement and to the best | of my knowledge and belief it | is true, correct and corr | iplete. |
| Type or Print Name of Treas | urer Williams, Charles, L., , | | | |
| Signature of Treasurer W | 'illiams, Charles, L., , | | Date 04 / 0 |)4 / Y Y Y Y 2024 |
| NOTE: Submission of false, en | roneous, or incomplete information ANY CHANGE IN INFORMA | may subject the person signing TION SHOULD BE REPORTED | | Ities of 52 U.S.C. §3010 |
| Office Use Only | | For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | on FC | C FORM 1 evised 06/2012) |

Image# 202404049627464365

04/04/2024 10 : 15

| FE | C Form 1 | (Revised 03/2022) | Page 2 |
|----|--------------------------|---|-----------------|
| j. | TYPE O | F COMMITTEE: | |
| | Candida | ate 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 Candid | | |
| | Candid | | State |
| | Party A | Affiliation Sought: House Senate President | District |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name | e of | |
| | Cand | | |
| | (d) X Politica (e) | This committee is a STA or subordinate) committee of the REP Republican, I Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected Its connected | |
| | | Corporation Corporation w/o Capital Stock | 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 | .C). |
| | | | |

Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

| FEC Form 1 (Revised 02/2009) | Page 3 |
|------------------------------|--------|
| Write or Type Committee Name | |

INDIANA REPUBLICAN STATE COMMITTEE, INC.

| 6. | Name of Any Connected Or | ganization, Affiliated | Committee | e, Jo | oint F | Fund | raisi | ng l | Repre | eser | ntati | ve, o | r Le | eade | rship | PAC | Spo | onso | or | |
|----|--------------------------|------------------------|---------------|-------|--------|-------------|-------|-------|--------|------|-------|--------|------|------|-------|--------|------|------|------|-----|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | 101 W. OHIO STREE | F | | | | | | | | | | | | | | | | | |
| | | SUITE 2200 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Ľ | N | | 4 | 6204 | | | - 🗋 | | | |
| | | | CITY ▲ | | | | | | | STA | λΤΕ | | | | ZIF | o co | DE 🖌 | | | |
| | Relationship: Connected | Organization Affilia | ited Organiz | ation | × | 〈 Jo | int F | undra | aising | Re | prese | entati | ve | | Lea | dershi | p PA | IC S | pons | sor |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Smith, Tra | cy, R., , | | | | |
|---------------------|---------------------|--------|------------------|-------|------------|
| Full Name | | | | | |
| Mailing Address | 2631 Willow Lake Dr | | | | |
| | | | | | |
| | Greenwood | | | 46143 | |
| | (| CITY 🔺 | STATI | E 🔺 | ZIP CODE |
| Title or Position ▼ | | | | | |
| Assistant Treasurer | | | Telephone number | 317 | 964 - 5044 |

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 | Williams, Charles, L., , |
|---------------------------|---|
| Mailing Address | 2501 Ashbourne Ct |
| | |
| | Valparaiso |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | , |
| Treasurer | Telephone number 317 635 7561 |

| FEC Form | 1 | (Revised | 02/2009 |) |
|----------|---|----------|---------|---|
| | | TEVISEU | 02/2003 |) |

| Full Name of Designated Agent | Smith, Tracy, R., , | |
|-------------------------------------|---------------------------|--|
| Mailing Address | 2631 Willow Lake Dr | |
| | | |
| | Greenwood | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position | | |
| Assistant Treasur | 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.

| | Old National Bancorp | | |
|-----------------|----------------------|----------|------------|
| Mailing Address | PO Box 718 | | |
| | | | |
| | Evansville | IN 47705 | 5 |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | Chain Bridge Bank | | |
| Mailing Address | 1445 Laughlin Ave. | | |
| | | | |
| | McLean | VA 22101 | |
| | | STATE A | ZIP CODE |

Page 4

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 5(g) or (l | h). Joint Fundraising | g Participant: | | |
|---------------------------|---|--|---------------------------------------|---------------------------|
| | 1 | | FEC ID number | С |
| | 2. | | FEC ID number | С |
| | 3. | | FEC ID number | С |
| | 4. | | FEC ID number | С |
| 6. N | ame of Any Connected (| Organization, Affiliated Committee, Joint Fundra | aising Bonresontative | or Leadershin PAC Sponsor |
| 0. 10 | | | | |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | 138 CONANT STREET, 2ND FLOOR | | |
| | | BEVERLY | MA | 01915 |
| | Relationship: | | | |
| | | | Fundraising Representa | |
| | | | | |
| 8. D e | esignated Agent: Identify | by name, address (phone number – optional) | | |
| — 8. D e | | by name, address (phone number – optional) | | |
| — 8. D e | Full Name | by name, address (phone number - optional) | | |
| — 8. De | Full Name | by name, address (phone number - optional) | | |
| — 8. De | Full Name | | | |
| — | Full Name | | ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ | |
| _ | Full Name | | lephone Number | |
| 9. B i | Full Name | Image: Image | lephone Number | |
| 9. B a sa Na | Full Name Mailing Address TITLE OR POSITION | | lephone Number | |
| 9. B a sa Na | Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or mail ame of Bank, Forbrigh | | lephone Number | |
| 9. B a sa Na | Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ CITY ▲ Tel ies: List all banks or other depositories in which t ntains funds. | lephone Number | |
| 9. B a sa Na | Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or mail ame of Bank, Forbrigh | | lephone Number | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

| 5(g) o | or (h). Joint Fundraising | g Participant: | | | | |
|--------|----------------------------|----------------------|--------------------------|----------------|--------------------|------------------------------|
| | 1. | | | FE | EC ID number | С |
| | 2. | | | FE | EC ID number | С |
| | 3. | | | FE | EC ID number | С |
| | 4 | | | FE | EC ID number | С |
| 6. | Name of Any Connected | Organization, Affili | ated Committee, Join | t Fundraising | g Representative | e, or Leadership PAC Sponsor |
| | | | | | | |
| | Mailing Address | 101 W OHIO ST | | | | |
| | | STE 2200 | | | | |
| | | | | | | 46204 |
| | Relationship: | | CITY A | | STATE A | ZIP CODE A |
| 8. | Designated Agent: Identify | | | | raising Representa | ative Leadership PAC Sponsor |
| | Full Name | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| | TITLE OR POSITION | ▼ | CITY ▲ | | STATE A | ZIP CODE |
| | | ▼ | | Telepho | STATE ▲ | |
| | | ries: List all banks | | | ne Number | ZIP CODE ▲ |
| | Banks or Other Depositor | ries: List all banks | or other depositories in | n which the co | ne Number | |

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STATE 🔺

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 5(g) or (h). | Joint Fundraisin | ig Participant: | | | | |
|----------------|-------------------------|----------------------|----------------------------|-------------------------|------------------|-----------------------|
| 1. | | | | FEC ID num | ber C | |
| 2. | | | | FEC ID num | ber C | |
| 3. | | | | FEC ID num | ber C | |
| 4. | | | | FEC ID num | ber C | |
| 6. Name | of Any Connected | Organization Affil | iated Committee, Joint I | | tative or Lea | dershin PAC Sponsor |
| | DY VICTORY FUI | | | | | |
| | | | | | | |
| | Mailing Address | PO BOX 26141 | | | | |
| · | | | | | | |
| | | | | | A 223 | 13 |
| I | Relationship: | | | STAT | | |
| | Connecter | d Organization | Affiliated Committee | Joint Fundraising Repre | esentative | Leadership PAC Spons |
| Fu | II Name | | | | | |
| Ma | ailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| Т | ITLE OR POSITION | ▼ | CITY 🔺 | STATE | | ZIP CODE |
| | | | | Telephone Number | | |
| Banks | or Other Deposito | ries: List all banks | or other depositories in v | which the committee de | eposits funds, ł | nolds accounts, rents |
| safety | deposit boxes or ma | aintains funds. | | | | |
| | of Bank, itory, etc. | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | | CITY A | STATE | | ZIP CODE |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

| 5(g) or (h). | Joint Fundraising | Participant: | _ | |
|--|-------------------------|--|---------------------------------------|---|
| 1. | | | FEC ID number | C |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
| 4. | | | FEC ID number | C |
| | - | rganization, Affiliated Committee, Joint Fundrais | sing Representative, | or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | 228 S WASHINGTON ST | | |
| | | STE 115 | | |
| | Relationship: | | VA STATE ▲ | 22314 |
| | | | | |
| | Connected (| Organization Affiliated Committee X Joint Fu | indraising Representat | ve Leadership PAC Sponsor |
| | | | | |
| 8. Desig | nated Agent: Identify t | by name, address (phone number – optional) | | |
| - | nated Agent: Identify t | by name, address (phone number – optional) | | |
| Fu | | by name, address (phone number - optional) | | |
| Fu | ull Name | by name, address (phone number – optional) | | |
| Fu | ull Name | by name, address (phone number – optional) | | |
| Fu | ailing Address | | | |
| Fu | ull Name | | · · · · · · · · · · · · · · · · · · · | |
| Fu M. T 9. Banks | ull Name | | bhone Number | |
| Fu M 9. Banks safety Name | ailing Address | | ohone Number | funds, holds accounts, rents |
| Fu M 9. Banks safety Name | ailing Address | CITY ▲ CITY ▲ Telepes: List all banks or other depositories in which the trains funds. | ohone Number | – L – L – L |
| Fu M 9. Banks safety Name | ailing Address | CITY ▲ CITY ▲ Tele | ohone Number | = L = L funds, holds accounts, rents |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| | ing Participant: | | |
|--|--|--------------------------|------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | | | |
| | | | |
| Mailing Address | P.O. BOX 509 | | |
| Ŭ | | | |
| | | | 22216 |
| Relationship: | | L STATE ▲ | |
| | | t Fundraising Representa | |
| Full Name | | | |
| Mailing Address | 1 | | |
| | | | |
| | | | |
| | | | · · · · · _ · · · |
| | | | |
| | N 🕈 | STATE | |
| | N 🕈 | | |
| Banks or Other Deposit | N ▼ | elephone Number | |
| | N ▼ | elephone Number | |
| Banks or Other Deposit | N ▼ | elephone Number | |
| Banks or Other Deposit safety deposit boxes or n Name of Bank, | N ▼ | elephone Number | |
| Banks or Other Deposit safety deposit boxes or n Name of Bank, Depository, etc. | N ▼ | elephone Number | |
| Banks or Other Deposit safety deposit boxes or n Name of Bank, Depository, etc. | N ▼ | elephone Number | |