Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. HoosierDoc PAC PO Box 250 ADDRESS (number and street) (Check if address is changed) Newburgh 47629-0250 IN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address johnwright@alumni.iu.edu is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00468256 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Wright, John, L., Date 01 23 2025 Signature of Treasurer Wright, John, L.,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	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					
	Candidate Party Affiliation Office Sought: House Senate President	State			
	(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 Republican,	•			
Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
	Corporation Corporation w/o Capital Stock Labor Or	rganization			
	Membership Organization Trade Association Cooperate	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)	I 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).			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	Joint Fundraising Representative:				
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
	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. C				

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٧	/rite or Type Committee Name				
	HoosierDoc PAC				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	HEARTDOCPAC				
	Mailing Address	PO BOX 250			
		NEWBURGH IN	47629-0250		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Represe	ntative Leadership PAC Sponsor		
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the pers	son in possession of committee		
	Wright, Joh	n, L., ,			
	Full Name				
	Mailing Address	PO Box 250			
		Newburgh	47629-0250		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	812 - 499 - 8147		
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committe ssistant treasurer).	ee; and the name and address of		
	Full Name Wright, Joh	n, L., ,			
	Mailing Address	PO Box 250			
	mailing / taurooc	l			
		Newburgh	47629-0250		
		CITY ▲ STATE 4	ZIP CODE A		
	Title or Position ▼	STATE -	- Zii OODL =		
	Treasurer	Telephone number	812 - 499 - 8147		

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Full Name of Designated Agent				
Mailing Address				
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲		
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holexes or maintains funds.	ds accounts, rents		
Name of Bank, Depository, etc.				
	Old National Bank			
Mailing Address	8577 Ruffian Lane			
	Newburgh IN 47630			
	CITY ▲ STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.				
Mailing Address				
	CITY ▲ STATE ▲	ZIP CODE ▲		