Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Houchin for Congress PO Box 234 ADDRESS (number and street) (Check if address is changed) Salem 47167 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mike@erinhouchin.com is changed) Optional Second E-Mail Address tracy@threepointadvisorsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.erinhouchin.com (Check if address is changed) DATE 2023 C00800649 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 Cross, Mike, , Date 09 12 2023 Signature of Treasurer Cross, Mike, , , 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Houchin, Erin, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State IN  District 09
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1C	

Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Cross, Mike,  Full Name  617 Cross Wind Dr  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Cross, Mike,  of Treasurer  Mailing Address  617 Cross Wind Dr  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼		FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons HOUCHIN VICTORY FUND    Mailing Address   PO BOX 441446	V	/rite or Type Committee Name		
HOUCHIN VICTORY FUND    Mailing Address		Houchin for Con	gress	
Mailing Address  PO BOX 441446  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization ▼ Joint Fundraising Representative Leadership PAC:  Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.  Cross, Mike,  Full Name Greenwood IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼ Telephone number — optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Greenwood IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer	6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Mailing Address    INDIANAPOLIS		HOUCHIN VICTORY	FUND	
Mailing Address    INDIANAPOLIS				
Mailing Address    INDIANAPOLIS			PO POV 44440	
CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Cross, Mike, , ,  Full Name Affiliated Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Cross, Mike, , ,  617 Cross Wind Dr  Mailing Address Affiliated Organization X Joint Fundraising Representative Leadership PAC:  CITY A STATE A ZIP CODE A  Title or Position ▼  Leadership PAC:		Mailing Address	PO BOX 441446	
CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Cross, Mike, , ,  Full Name Affiliated Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Affiliated Organization X Joint Fundraising Representative Leadership PAC:  Cross, Mike, , ,  Full Name Cross, Mike, , ,  617 Cross Wind Dr  Mailing Address Affiliated Organization X Joint Fundraising Representative Leadership PAC:  CITY A STATE A ZIP CODE A  Title or Position ▼  Leadership PAC:				
Relationship: Connected Organization Affiliated Organization			INDIANAPOLIS IN 46244	
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Cross, Mike,  Full Name  Mailing Address  617 Cross Wind Dr  Title or Position ▼  Treasurer  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Cross, Mike,  of Treasurer  Mailing Address  617 Cross Wind Dr  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼			CITY ▲ STATE ▲	ZIP CODE ▲
Dooks and records.  Cross, Mike  Full Name  Mailing Address  617 Cross Wind Dr  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  631 220 277  Telephone number  631 220 277  Telephone number  Greenwood  IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Mailing Address  617 Cross Wind Dr  Mailing Address  617 Cross Wind Dr  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Title or Position ▼		Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative L	eadership PAC Sponso.
Full Name  Mailing Address  Greenwood  Greenwood  Greenwood  IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Gast - 220 - 276  Telephone number  Greenwood  Gr	7.		fy by name, address (phone number optional) and position of the person in possession	on of committee
Mailing Address  Greenwood  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Greenwood  Greenwood  IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Greenwood  IN 46143  CITY ▲ STATE ▲ ZIP CODE ▲		Cross, Mike	3, , ,	
Greenwood  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  Greenwood  Greenwood  IN 46143  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  Title or Position ▼  Treasurer  Greenwood  Address  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  Treasurer		Full Name		
Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name		Mailing Address	617 Cross Wind Dr	
Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name				
Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name			Greenwood IN 46143	
Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name			CITY ▲ STATE ▲	ZIP CODE ▲
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name		Title or Position ▼	5// E	
any designated agent (e.g., assistant treasurer).  Full Name		Treasurer	Telephone number 631	220 2765
of Treasurer  Mailing Address    617 Cross Wind Dr	3.			me and address of
Mailing Address    617 Cross Wind Dr		1,	), , ,	
Greenwood IN 46143 — STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer 631 + 220 + 27			617 Cross Wind Dr	
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer ← 631 + 220 + 27		aming / warooo		
Title or Position ▼  Treasurer   631   220   27			Greenwood IN 46143	
Title or Position ▼  Treasurer   631   220   27			OLTY A	71D 00DE 4
Treasurer		Title or Position ▼	CITY A STATE A	ZIP CODE A
				220  -  2765

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Full Name of Designated Agent	Smith, Tracy, R, ,		
Mailing Address	2631 Willow Lake Dr		
	Greenwood	, , IN , ,	46143
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telepho	one number	
	Depositories: List all banks or other depositories in which the cases or maintains funds.	ommittee deposits fund	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Old National Bank		
Mailing Address	1 Monument Circle Ste 150		
	Indianapolis	∐ IN L	46204
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave.		
	McLean	L VA	22102
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connector	l Organization, Affiliated Committee, Joint Fundr	raicing Ponrocentative	o or Leadership PAC Spons
-	MEN MAJORITY MAKERS		
Mailing Address	228 S WASHINGTON ST		
	STE 115		
Relationship:	ALEXANDRIA  CITY	VA STATE ▲	22314 ZIP CODE ▲
riolationomp.	OII I		
	Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Hepresent	Leadership FAC Spc
Designated Agent: Identi		Fundraising Hepresent	Leadership FAC Spc
Designated Agent: Identi		Fundraising Hepresent	Leadership FAC Spc
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optional)  CITY		
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposition afety deposit boxes or mailing and m	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponso
LEXINGTON VICTO	RY COMMITTEE		
Mailing Address	824 S. MILLEDGE AVE		
	STE 101		
	ATHENS	ı GA ı	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
neiationship.	CITY	SIAIE	ZIP CODE A
	d Organization Affiliated Committee X Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spor
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)  CITY		