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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. Hoosier Heartland Fund PO Box 452 ADDRESS (number and street) (Check if address is changed) Zionsville 46077 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@langdonlaw.com (Check if address is changed) Optional Second E-Mail Address curt@wordsmithpolicy.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2019 C00722447 FEC IDENTIFICATION NUMBER > 3. X 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. Smith, Curt, , , Type or Print Name of Treasurer Smith, Curt,,, [Electronically Filed] 10 2019 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	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
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Nam		<u> </u>
Hoosier Heartla	and Fund	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		1 1 1 1 1 1 1 1
<u> </u>		<u> </u>
		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected		adership PAC Sponsor
residuosis.iip.	osus organization primitation promite and allowing respectively.	
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
Smith, Cu	urt, , ,	
	PO Box 452	
Mailing Address		
	Zionsville IN 46077	1–1
Title or Decition	CITY	ZID CODE
Title or Position	CITY STATE	ZIP CODE
		577 - 7380
. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Treasurer: List the name an any designated agent (e.g., Full Name Smith, Cu of Treasurer	assistant treasurer).	me and address of
any designated agent (e.g.,	assistant treasurer).	me and address of
any designated agent (e.g., Full Name Smith, Cu of Treasurer	assistant treasurer). urt, , ,	me and address of
any designated agent (e.g., Full Name Smith, Cu of Treasurer	assistant treasurer). urt, , ,	me and address of
any designated agent (e.g., Full Name Smith, Cu of Treasurer	assistant treasurer). urt, , , PO Box 452 Zionsville IN 46077	me and address of

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Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , . I
Agent	1	
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		1.1.
	Telephone number	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean VA 22101	
	CITY STATE ZI	P CODE
Name of Bank, I		
Mailing Address		
	CITY STATE ZI	P CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: