

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

FOX FOR CONGRESS

ADDRESS (Number and street) (Check if address is changed)

P.O. Box 467

Greensburg **IN** **47240**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

melfox@seldata.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

foxforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y

03 / 28 / 2004

3. FEC IDENTIFICATION NUMBER **C C00367128**

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 **Mr. Marvin Luellen**

Signature of Treasurer Electronically Filed by **Mr. Marvin Luellen** Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y

03 / 28 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 Melina Fox

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **IN** District **06**

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FOX FOR CONGRESS

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 **Melina Fox**

Mailing Address **1124 South Country Club Drive**

Greensburg **IN** **47240**
CITY STATE ZIP CODE

Telephone number **812** - **663** - **7356**

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 **Mr. Marvin Luellen**

Mailing Address **2236 North Wilbur Wright Road**

Mooreland **IN** **47360**
CITY STATE ZIP CODE

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

CITY STATE ZIP CODE

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.

MainSource

Mailing Address

201 N. Broadway

Greensburg

IN

47240 -

CITY Δ

STATE Δ

ZIP CODE Δ