24020673531

SECRETARY OF THE SENATE
04 AUG 31 AM 11:09

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FR4M5

MCCONNELL SENATE COMMITTEE '08

ADDRESS (number and street) PO BOX 1496

☐ (Check if address is changed)

LOUISVILLE KY 40201-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-628-4849

2. DATE 08 / 25 / 2004

3. FEC IDENTIFICATION NUMBER ▶ C00143342

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 Larry J. Steinberg

Signature of Treasurer Larry J. Steinberg Date 08 / 25 / 2004

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 Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)

FEM1N042.PDF

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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(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 ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ 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.

CONGRESSIONAL BANK

Mailing Address 1963 TUCKERMAN LANE

POTOMAC MD 20854-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24020673535

12800 North Meridian Street, Suite 400
Carmel, Indiana 46032

SCREENED BY
SENATE POST OFFICE

Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109

SECRETARY OF THE SENATE
04 AUG 31 AM 11:10

24020673536

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____HAND DELIVERED_____
Date of Receipt

_____REGISTERED/CERTIFIED MAIL_____
Postmarked

_____RECEIVED FROM THE FEDERAL ELECTION COMMISSION_____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
_____PRIORITY MAIL /WITH CONFIRMATION SHEET
_____EXPRESS MAIL
_____FEDERAL EXPRESS
_____UPS
_____AIRBORNE EXPRESS_____
Postmark

_____PRIORITY MAIL (NO CONFIRMATION)_____
Date of Receipt

✓ FIRST CLASS MAIL 08-25-04
Date of Receipt

_____FAX _____
Date of Receipt

_____NO POSTMARK _____POSTMARK ILLEGIBLE

_____OTHER_____
Date of Receipt

RD 08-31-04
Preparer Date Prepared

24020673537