

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

2001 APR 23 A 10: 26

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Jill Long Thompson Committee

ADDRESS (number and street)

P.O. Box 153

(Check if address is changed)

South Bend

IN

46624

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10/11/2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

Gary L. Calhoun

Signature of Treasurer

*Gary L. Calhoun*

Date

10/11/2001

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

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

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 Jill Lynette Long Thompson

Candidate Party Affiliation: Dem      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

Jill Long Thompson Committee

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 | Gary L. Galhoun |

Mailing Address | 8599 18th Road |

| |

| Argos | | IN | | 46501 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 219 | | 892 | | 6491 |

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 | Gary L. Galhoun |

Mailing Address | 8599 18th Road |

| |

| Argos | | IN | | 46501 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 219 | | 892 | | 6491 |

Full Name of Designated Agent | Ginger Calhoun |

Mailing Address | 8599 18th Road |

| |

| Argos | | IN | | 46501 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer | Telephone number | 219 | | 892 | | 6491 |

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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.

First Source Bank

Mailing Address

1518 North Michigan

Argos

IN

46501

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

21-03-703-3542

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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