Only

## STATEMENT OF

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**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. Friends of Steve Braun PO Box 168 ADDRESS (number and street) (Check if address is changed) Whitestown 46075 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS friendsofstevebraun@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00654442 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. Braun, Jennifer, , , Type or Print Name of Treasurer Braun, Jennifer, , , [Electronically Filed] 80 2017 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

Local 202-694-1100

	<b>-</b>	(7)	5 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Can	ne of didate	Braun, Steven, J, ,	
	didate y Affiliati	on REP Office Sought: X House Senate President	State IN District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees 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		-
Friends of St	eve Braun	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committee
Brau Full Name	n, Jennifer, , ,	
Mailing Address	8099 Hunt Club Road	
	Zionsville IN	46077
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	317 - 294 - 9971
Treasurer: List the name any designated agent (e	ne and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Braur of Treasurer	n, Jennifer, , ,	
Mailing Address	8099 Hunt Club Road	
	Zionsville	46077
Title or Position	CITY STATE	ZIP CODE
	Telephone number	317 - 294 - 9971

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		2 0052
	Telephone number	
safety deposit b	er <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	
safety deposit b	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St	
safety deposit b Name of Bank,	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St	
safety deposit b Name of Bank,	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St	)4
safety deposit b Name of Bank,	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St	D4
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  Indainapolis  IN 4620	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  Indianapolis  CITY  STATE	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  Indianapolis  CITY  STATE	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  CITY  STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  CITY  STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of Indianapolis  107 N Pennsylviania St  Indainapolis  CITY  STATE  Depository, etc.	