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FEC FORM 1	STATEME ORGANIZ (See instructi	ATION		Office use only
1. NAME OF COMMITTEE (in t	full) X (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Keep Indiana I	3lue 			
ADDRESS (number and s	PO Box 83142			· · · · · · · · · · · · · · · · · · ·
(Check if address is changed)	Gaithersburg			20883 _ <u>3142</u>
		CITY	STATE	ZIP CODE 🔺
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e vwinpisinger@com	,		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				<u></u>
2. DATE 0.6				
3. FEC IDENTIFICA	TION NUMBER	C C00461228		
4. IS THIS STATEM	IENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kn	nowledge and belief it is true. correct a	nd complete	
Type or Print Name of	Vielsie Winnisin			
Signature of Treasurer	Electronically Filed by Vickie W	inpisinger	Date 0 6	/ 0 0 4 / Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information m ANY CHANGE IN INFORM	ay subject the person signing this Sta ATION SHOULD BE REPORTED		es of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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	FEC Fo	orm 1 (Revised 02/2009)	Page 2	
5.	TYPE OF COI	MMITTEE (Check One)		
	Candidate Co	ommittee:		
	(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 ca information below.)	Indidate	
	Name of Candidate			
	Candidate Party Affiliation	on Office Sought: House Senate President	State District	I I I
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		

Nam Cano	e of didate	
Party	y Comm	ittee:
(d)		This committee is a(National, State (or subordinate) committee of the(Democratic, Republican,etc.) Party.
Polit	ical Act	ion Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fundra	ising Representative:
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
		Ellsworth for Congress Committee FEC ID number C C00412346
		Hoosiers for Hill 2.

Joe Donnelly for Congress	FEC ID number	С	C00393652
4			0000000

T ī FEC ID number

C C00442921

Andre Carson for Congress

3.

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W	Vrite or Type Committee Name	
	Keep Indiana Blue	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor

Mailing Address	Possession of Committee	books and records. Winpisinger 315 Inspiration Lane		
CITYA STATE A CITYA STATE A Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Vickie Winpisinger	Full Name	books and records. Winpisinger		
CITY STATE CITY STATE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.	possession of Committee	books and records.		
CITY STATE CITY STATE CITY State CITY State CITY State CITY State CITY State Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spont </th <th>Custodian of Records: Ide</th> <th>inity by name, address, (phone numbe</th> <th>or optional), and poolition</th> <th></th>	Custodian of Records: Ide	inity by name, address, (phone numbe	or optional), and poolition	
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Mailing Address <th></th> <th>CITY</th> <th></th> <th></th>		CITY		
Mailing Address		L	····	<u> </u>
	Mailing Address	L		

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).

Trea	asurer	Telephone number	9470278
Title or Position ¥	СІТУ 🛦	STATE	ZIP CODE 🛦
	Gaithersburg	MD	20878
Mailing Address	315 Inspiration Lar	ie	
Full Name of Treasurer	Vickie Winpisinger		

FEC Form 1 (Rev	ised 02/2009)		Page 4
Full Name of Designated Agent	Jennifer Frost		
Mailing Address	3422 Porter Street, NW		
	Washington	DC	20016 –
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🛦
Fundr	aising Agent	elephone number	2850966
Banks or Other Depos safety deposit boxes or I	maintains funds.	he committee deposits funds, h	olds accounts, rents
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