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. Jennifer Pace Committee To Elect 1350 W 56th Street ADDRESS (number and street) (Check if address is changed) Indianapolis 46228 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jennpaceusa@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.jennpace.com (Check if address is changed) DATE 2022 C00808873 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. Pace, Jennifer, J, Ms, Type or Print Name of Treasurer Pace, Jennifer, J, Ms, [Electronically Filed] 04 05 2022 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

TYPE OF COMMITTEE Candidate 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. (Complete the candidate information below.) Name of Candidate Pace, Jennifer, J, Ms,	ge 2
Candidate Committee: (a)	
(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 complete t	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the conformation below.) Name of Pace. Jennifer. J. Ms.	
information below.) Name of Pace. Jennifer. J. Ms.	andidata
Name of Candidate Pace, Jennifer, J, Ms,	andidate
Candidate Office State	IN
Party Affiliation REP Sought: X House Senate President	. 07
Distric	π
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of	
Candidate Circumstance Candidate Can	
Party Committee:	
(National, State (Democrated) This committee is a variable of the Republicant	ic, n, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	
	ive
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 committee. (i.e., nonconnected committee)	und or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more	nolitical
committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
Committees Participating in Joint Fundraiser	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3.	

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Write or Type Committee Nam		
	Committee To Elect	
	Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
Pace, Jer	nnifer, J, Ms,	
Mailing Address	1350 W 56th Street	
		<u> </u>
	ndianapolis	46228
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	7 495 1443
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Pace, Jen of Treasurer	nifer, J, Ms,	
Mailing Address	1350 W 56th Street	
	4510 NBonnie Brae	
	Indianapolis IN	46228
Title or Position	CITY STATE	ZIP CODE
	Telephone number	7 - 923 - 7407

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Full Name of Designated Agent	Pace, Jennifer, J, ,	
Mailing Address	1350 West 56th Street	
Ü		
	Indianapolis IN 46228	-
	CITY STATE Z	ZIP CODE
Title or Position		95 - 1443
	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit bo	Depository, etc. Indiana Members Credit Union	accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Indiana Members Credit Union	accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis Indianapolis	accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis Indianapolis CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis Indianapolis CITY STATE	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis CITY STATE Z Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis CITY STATE Z Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Indiana Members Credit Union 8910 Wesleyan road Indianapolis CITY STATE Z Depository, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address TITLE OR POSITION	ies: List all banks or	CITY A	Telephone N		ZIP CODE A s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mails after the position of Bank, Depository, etc.	Indianapolis Indianapolis Indianapolis	CITY A	Telephone N	STATE umber	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mails after the position of Bank, Depository, etc.	Indianapolis Indianapolis Indianapolis	CITY A	Telephone N	STATE umber	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositor cafety deposit boxes or main land to the safety deposit bo	Indianapolis Indianapolis Indianapolis	CITY A	Telephone N	STATE umber	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositor cafety deposit boxes or main	Indianapolis Indianapolis Indianapolis	CITY A	Telephone N	STATE umber	ZIP CODE A
Mailing Address TITLE OR POSITION	Indianapolis	CITY A	Telephone N	STATE umber	ZIP CODE A
Mailing Address	Indianapolis			STATE A	
Mailing Address	Indianapolis				
		reet			4000
	1350 West 56th Str	eet			
I dii I valii G	1250 Wast 50th 20				
Full Name					
Designated Agent: Identify Pace, Jen		hone number – optiona	al)		
Connected	Organization Affi	iliated Committee	Joint Fundraisin	g Representa	Leadership PAC Spo
Relationship:	_	CITY A		STATE ▲	ZIP CODE ▲
Mailing Address					
Name of Any Connected (Organization, Affiliate	ed Committee, Joint F	undraising Re	oresentative	e, or Leadership PAC Spons
4.			_ FEC Ⅱ) number	C
			_) number	C
3.				0 number	C
			_	number .	C