Only

FEC

STATEMENT OF

PAGE 1 / 6

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. INDIANA ACRE/INDIANA STATEWIDE ASSOCIATION OF RURAL ELECTRIC COOPERATIVES DBA INDIANA ELECTRIC COOPERATIVES FEDERAL PAC 8888 KEYSTONE CROSSING ADDRESS (number and street) **SUITE 1600** (Check if address is changed) **INDIANAPOLIS** 46240 IN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mmaassel@indianaec.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00103978 FEC IDENTIFICATION NUMBER > 3. 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. TIERNAN, DEIRDRE, , , Type or Print Name of Treasurer TIERNAN, DEIRDRE, , , [Electronically Filed] 07 19 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on li	ine 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 committee. (i.e., nonconnected committee)	separate segregated 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.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution a	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
Committees Participating in Joint Fundraiser	
1. [С

	FEC Form 1 (Revised 0	22/2000)	Page 3
V	Vrite or Type Committee Name	<u> </u>	raye y
·		WIDE ASSOCIATION OF RURAL ELECTRIC COOPERATIVES DBA INDIANA ELECTRIC COOP	PERATIVES FEDERAL PAC
3.		Prganization, Affiliated Committee, Joint Fundraising Representative, or Lead	
	1		1
	Mailing Address	8888 KEYSTONE CROSSING	
		STE 1600	
		INDIANAPOLIS IN 462	40
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in poss	ession of committee
		ENNETT	
	Full Name	ENNETT, , ,	
		8888 KEYSTONE CROSSING	
	Mailing Address	075 4000	
		STE. 1600	
		INDIANAPOLIS IN 462-	40
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	ASSITANT TREASURER	Telephone number	- 487 - 2237
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name TIERNAN,	DEIRDRE, , ,	
	of Treasurer		
	Mailing Address	8888 KEYSTONE CROSSING	
		STE 1600	
		INDIANAPOLIS IN 462	40
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		- 487 - 2237

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposite safety deposit boxes or m	ories: List all banks or other depositories in waintains funds.	hich the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depositor	y, etc.		
PNC	BANK		
Mailing Address	1259 S HIGH SCHOOL RD		
	INDIANAPOLIS	IN L	46240
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depositor	y, etc.		
		1 1 1 1 1 1 1 1 1 1 1	
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
NATIONAL RUR	AL ELECTRIC COOPERATIVE ASS	SOCIATION NREC	CA
Mailing Address	4301 WILSON BLVD		1 1 1 1 1 1 1 1 1 1
	ARLINGTON	VA	22203
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Representa	Leadersnip PAC Sp
	y by name, address (phone number – optional)	nt rundraising represent	Leadership PAC Sp
esignated Agent: Identif		Int Fundraising Represent	Leadersnip PAC Sp
esignated Agent: Identif		Int Fundraising Represent	Leadersnip PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional)		
Pesignated Agent: Identif	by by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Pesignated Agent: Identife Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the same of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ___ **of** ___

y) or (h). Joint Fundraisin	g Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr		
NATIONAL RORA	L ELECTRIC COOPERATIVE ASSO		JA
Mailing Address	4301 WILSON BLVD		
	ARLINGTON	VA VA	22203
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connected	Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tes: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tes: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tes: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tes: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦