

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

7440 WOODLAND DRIVE☐(Check if address
is changed)**INDIANAPOLIS****IN****46278**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3172980875

2. DATE

M M
0 1/ D D
0 6/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00231407

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

Mr. Patrick Carr

Signature of Treasurer

Electronically Filed by **Mr. Patrick Carr**

Date

M M
1 0/ D D
2 4/ Y Y Y Y
2 0 0 6

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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
CandidateCandidate
Party AffiliationOffice
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

UNITED HEALTH GROUP INCORPORATED POLITICAL FUND

Mailing Address

9900 BREN ROAD EAST

MINNETONKA

MN

55343

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

GOLDEN RULE FINANCIAL CORPORATION - POLITICAL ACTION 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 **Mr. Patrick Carr**

Mailing Address **9088 NAUTICAL WATCH DRIVE**

Indianapolis **IN** **46236** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **317** - **290** - **8100**

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 **Mr. Patrick Carr**

Mailing Address **9088 NAUTICAL WATCH DRIVE**

Indianapolis **IN** **46236** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **317** - **290** - **8100**

Full Name of Designated Agent **CT CORPORATION SYSTEM**

Mailing Address **36 S. PENNSYLVANIA STREET, STE 700**

INDIANAPOLIS **IN** **46204** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

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.

JP MORGAN CHASE

Mailing Address

111 MONUMENT CIRCLE

Indianapolis

IN

46277

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

PACIFICARE HEALTH SYSTEMS INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address

5995 Plaza Drive

MS CY20-536

Cyprus

CA

90630

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:

☒

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____