PAGE 1 / 4 STATEMENT OF **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. HICKORY HOOSIER JFC 47 S MERIDIAN STREET SUITE 200 ADDRESS (number and street) (Check if address is changed) **INDIANAPOLIS** 46204 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tsmith@indgop.org (Check if address is changed) Optional Second E-Mail Address |jgarrett@indgop.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2012 C00529644 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. Tracy R. Smith Type or Print Name of Treasurer Tracy R. Smith [Electronically Filed] 2012 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

Only Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009) Page 2				
		OMMITTEE				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)  Name of Candida		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  JACKIE WALORSKI (SWIHART)				
Candida Party A		on Office Sought: X House Senate President District IN				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o						
Party	Com	nmittee:				
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party				
Politic	cal A	ction 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 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 Fundraising 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				
	1.	INDIANA REPUBLICAN STATE COMMITTEE, INC. FEC ID number C C00006486				
	2.	WALORSKI FOR CONGRESS INC FEC ID number C C00468579				
	3.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE				
	4.					

FFC Form 1 (Davised O	2/2000)	Dage 2
FEC Form 1 (Revised 0.) Write or Type Committee Name	دادان ع)	Page 3
HICKORY HOO	SIER IEC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE	g	
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	rify by name, address (phone number optional) and position of the perso	on in possession of committee
Tracy R. Sr	nith	
Mailing Address	3301 Lincoln Hill Rd	
Walling Address		
	Martinsville IN 1	46151
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 317	_ 964 _ 5044
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Tracy R. Sn of Treasurer	nith	
Mailing Address	3301 Lincoln Hill Rd	
		46151
Title or Position , Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

9.

FEC Form 1	(Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	ustin Garrett					
	47 S Meridian Street					
Mailing Address	Suite 200					
	Indianapolis Indianapolis					
		P CODE				
Title or Position Asst. Treasurer		4   5025				
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.						
C	Old National Bank					
Mailing Address	Po Box 718					
	Evansville IN 47705					
	CITY STATE ZI	P CODE				
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY STATE ZI	P CODE				