

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 JAN 11 P 12:01

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12PE4MS

YOUNG FOR CONGRESS COMMITTEE

ADDRESS (number and street)

3102 COLUMBINE CIRCLE

(Check if address
is changed)

INDIANAPOLIS

IN

46224-2020

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 10 2001

3. FEC IDENTIFICATION NUMBER ▶

To Be Assigned

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

Dennis K. Foreman

Signature of Treasurer



Date

11 20 2001

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 Candidate R. MICHAEL YOUNG

Candidate Party Affiliation REP Office Sought: House Senate President State IN District 04

- (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

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Young for Congress 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 R. MICHAEL YOUNG

Mailing Address 3102 COLUMBINE CIRCLE

INDIANAPOLIS IN 46224-1200

Title or Position CITY STATE ZIP-CODE

Candidate Telephone number 317-297-2544

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 Dennis Keith Foreman

Mailing Address 3520 BIRCH AVE

Indianapolis IN 46224

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 317-299-8623

Full Name of Designated Agent

Mailing Address

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.

First Indiana Bank

Mailing Address

North Shoreland Office

701 S. Newland Shoreland

Indianapolis IN 46259

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<i>Jm 10</i> PREPARER	<i>1-11-02</i> DATE PREPARED