Roger O. Parent
917 Whitehall Drive
South Bend, Indiana 46615

To: Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

From: Pamela J. Chipman, Treasurer
Roger Parent for Congress Committee

Roger Parent, Congressional Candidate

Date: May 15, 2001

Re: FEC Form 1 and FEC Form 2 Amendments

The State of Indiana recently completed its Congressional redistricting and it is necessary to amend FEC Form 1 and Form 2. The **ONLY** thing that has changed on the amended forms is the Congressional District number. The original filing was for Indiana Congressional District 3. The amended filings are for Indiana Congressional District 2. To repeat, the Congressional District number is all that has changed on each of these forms.

Enclosed please find:

1. Original Form 1 filed 4/12/01
2. Amended Form 1
3. Original Form 2 filed 4/2/01
4. Amended From 2

Thank you.

RECEIVED
FEC MAIL ROOM
2001 MAY 30 P 12:56

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. 12PE4M5

ROGER PARENT FOR CONGRESS COMMITTEE

ADDRESS (number and street) 132 N. LAFAYETTE BLVD

☐ (Check if address is changed)

SOUTH BEND IN 46601 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

parentcommittee@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 17 2001

3. FEC IDENTIFICATION NUMBER ▶ C00365809

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 PAMELA J. CHIPMAN

Signature of Treasurer Pamela J. Chipman Date 05 17 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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN096.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: ROGER PARENT

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: IN

District: 02

(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

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: PAMELA J. CHAPMAN

Mailing Address: 1208 LEGEER AVE

SOUTH BEND | IN | 46617-

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

TREASURER | Telephone number

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: PAMELA J. CHAPMAN

Mailing Address: 1208 LEGEER AVE

SOUTH BEND | IN | 46617-

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

TREASURER | Telephone number

Full Name of Designated Agent: BRIGID D. DUTILE

Mailing Address: 18277 WESTOVER DR

SOUTH BEND | IN | 46637-

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

ASSISTANT TREASURER | 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.

1ST SOURCE BANK

Mailing Address P. O. BOX 1602

SOUTH BEND | IN | 46634-

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☑	No Postmark	
☐	Postmark Illegible	
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JM JO — PREPARER

5-30-01 — DATE PREPARED

(6/2000)