

FEC
FORM 1

STATEMENT OF
ORGANIZATION

REGISTRATION CENTER

MON MAY 17 A 9 24

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

HUTCHINSON FOR CONGRESS, COMMITTEE

ADDRESS (number and street)

135 NORTH BROAD STREET

(Check if address
is changed)

INDIANAPOLIS IN IN 46204

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.hutchinsonforcongress.com

COMMITTEE'S FAX NUMBER

609-267-6606

2. DATE 05 05 2004

3. FEC IDENTIFICATION NUMBER ▶ C

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 CHRISTINE M. KING

Signature of Treasurer C.M. King Date 05 05 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5487g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-3530
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 Candidate MS. DANIEL H. HUTCHINSON

Candidate Party Affiliation REP Office Sought HOUSE Senate President State NJ District 01

- (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 CHRISTINE M KING

Mailing Address 135 NORTH BROAD STREET
WOODBURY NJ 08098

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 609-267-1654

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 CHRISTINE M KING

Mailing Address 135 NORTH BROAD STREET
WOODBURY NJ 08098

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 609-267-1654

Full Name of Designated Agent CARL C GRANIERI

Mailing Address 135 NORTH BROAD STREET
WOODBURY NJ 08098

Title or Position CITY STATE ZIP CODE

CAMPAIN MANAGER Telephone number 609-267-1654

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.

WACHOVIA BANK NA

Mailing Address

1220 SOUTH BROAD STREET NJ 08134

WISCONSIN NJ 08134

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 FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 5-10-04
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Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
Jm 13 PREPARER (8/2004)	5-17-04 DATE PREPARED