Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		0	RGAN	NIZA	TIC	N								C	Office (Jse O	nly			
NAME OF COMMITTEE (in fu	II)		Check if nar changed)	me		nple:If the lii		ng, ty	ype		12	FE	4M5		Ī					
Erik Benson																				
ADDRESS (number and s	street)	704 W. 91	th St.																	
☐ ◀ (Check if address is changed)				1 1 1	1 1	1 1	1 1		1 1		ı	1 1			ı	1 1		1 1	1 1	_
		Rushville							,		IN	1		46	173					
		CI	TY 🛦							l	STA	ATE A	•			Z	IP C	ODE	A	
COMMITTEE'S E-MAIL	ADDRES	S																		
(Check if add is changed)	ress	erikbens	onin6@gma	ail.com	1 1	1 1		ı	1 1	1	ı		ı		ı	1 1	ı	1 1		ı
is changed)		Optional	Second E-M	1ail Addr	ess															
		Ĺ																		
COMMITTEE'S WEB PA (Check if add is changed)		RESS (UF	RL)																	
2. DATE 08	03) / Y	2023																	
3. FEC IDENTIFICAT	ION NUI	MBER ▶		C cod	788307	7	_	_												
4. IS THIS STATEMEN	NT	NEW	(N) (OR	×	Α	MEN	DED	(A)											
I certify that I have exam	mined this	Stateme	nt and to th	e best c	of my k	nowle	dge a	and b	oelief	f it is	tru	e, co	orrec	t and	d cor	nplet	e.			
Type or Print Name of T	reasurer	Benson,	Erik, , ,																	
Signature of Treasurer	Bensor	n, Erik, , ,									Date		M 08			03)23	Y
NOTE: Submission of fals	e, erroneo		omplete infor												pen	alties	of 52	2 U.S.	.C. §3	0109
Office Use			_			For fur Federa	l Elec	tion C	ommi									RM (2012)		

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(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. (Compleinformation below.)	ete the candidate
Name of Candidate Benson, Erik, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State IN District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock Lai	bor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	regated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hyb	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	· ·
This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	Erik Benson		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	e Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in	possession of committee
	Benson, Er	k, , ,	
	Full Name		
	Mailing Address	704 W. 9th St.	
		Rushville	46173
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian	Telephone number	6892
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ar ssistant treasurer).	nd the name and address of
	Full Name Benson, Er	k, , ,	
	of Treasurer	70.4 W. Oth Ot	
	Mailing Address	704 W. 9th St.	
		Rushville	46173
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		325	- 370 - 6892

FEC Form 1 (Revised 0	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲
	Telephone number	
Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other depositories in which the committee depostains funds.	its funds, holds accounts, rents
Name of Bank, Depository, e	tc.	
NATCO		
Mailing Address	240 E. 30th St	
	Connersville	47331
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Bank, Depository, e	tc.	
Mailing Address		
	CITY ▲ STATE A	▲ ZIP CODE ▲