

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

09 JUN 22 PM 2:27

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

HOOSIERS FOR STUTZMAN

ADDRESS (number and street) 0250 W 600 N
(Check if address is changed) HOWE IN 46746
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
(Check if address is changed) MARLINSTUTZMAN@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) GOMARLIN.COM

2. DATE 06 ' 15 ' 2009

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 AMBER L. TAYLOR

Signature of Treasurer Amber L Taylor Date 06 ' 15 ' 2009

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.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 MARLIN A. STUTZMAN

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

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action 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 or party 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)  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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

HOASERS FOR STUTZMAN

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 AMBER L TAYLOR

Mailing Address 10067 CRABAPPLE LN

MIDDLEBURY IN 46540

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 574-825-5388

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 AMBER L TAYLOR

Mailing Address 10067 CRABAPPLE LANE

MIDDLEBURY IN 46540

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 574-825-5388

29020212965

Full Name of Designated Agent

CHRISTY M STUTZMAN

Mailing Address

0250 W 600 A

Howe

CITY

IN

STATE

46746

ZIP CODE

Title or Position

SPOUSE

Telephone number

260-562-3303

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.

WELLS FARGO BANK

Mailing Address

1112 N DETROIT ST

LAGRANGE

CITY

IN

STATE

46761

ZIP CODE

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY

STATE

ZIP CODE

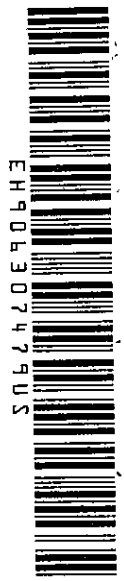
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**XTREMELY URGENT** P/L

PLEASE PRESS



Schedule package pickup right from your home or office at usps.



EH906307479US



UNITED STATES POSTAL SERVICE®

Addresssee Copy  
Label 11-B, March 2004  
Post Office To Addressee

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code: \_\_\_\_\_

Day of Delivery:  Next  2nd  3rd Day

Date Accepted: \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_

Scheduled Time of Delivery: \_\_\_\_\_

Mo. Day Year: \_\_\_\_\_

Time Accepted:  AM  PM

Flat Rate  or Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ ozs.

Postage: \$ \_\_\_\_\_

Return Receipt Fee: \$ \_\_\_\_\_

Insurance Fee: \$ \_\_\_\_\_

Total Postage & Fees: \$ \_\_\_\_\_

Acceptance Emp. Initials: \_\_\_\_\_

Int'l Alpha Country Code: \_\_\_\_\_

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt:  AM  PM

Mo. Day Year: \_\_\_\_\_

Time: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Mo. Day Year: \_\_\_\_\_

Time: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**CUSTOMER USE ONLY**

WAIVER OF SIGNATURE Domestic Mail Only

Additional merchandise insurance is void if customer requests waiver of signature.

I wish delivery to be made without obtaining signature. I understand that the carrier will attempt to deliver the package that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

FROM: (PLEASE PRINT) PHONE: \_\_\_\_\_

TO: (PLEASE PRINT) PHONE: \_\_\_\_\_

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES): \_\_\_\_\_

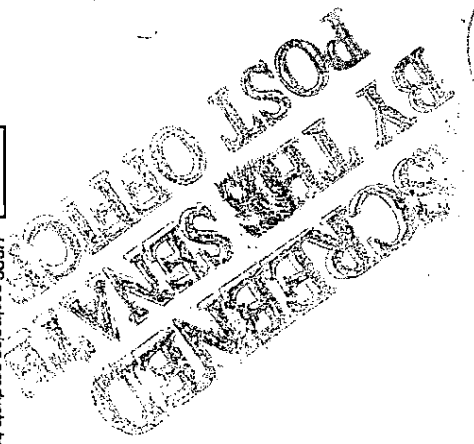
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW:

NO DELIVERY  Weekend  Holiday  Mailer Signature: \_\_\_\_\_

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES): \_\_\_\_\_

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW: \_\_\_\_\_

U.S. POSTAGE  
PAID  
LA GRANGE, IN  
46751-09  
RMDONT  
\$0.00  
00014219-03



USPS packaging products have been awarded Cradle to Cradle Certification™ for their ecologically-intelligent design. For more information go to [mbdc.com/usps](http://mbdc.com/usps)

Please recycle.

1-800-275-3773

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-2116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 06-18-09 \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

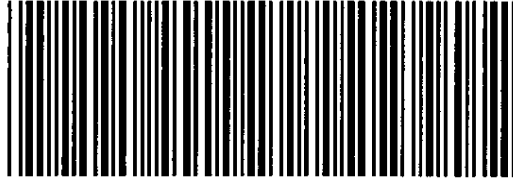
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 06-22-09

29020212958



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