

FILMED JUL 26 2002

Form **8872**  
(July 2000)

# Political Organization Report of Contributions and Expenditures

OMB No. 1545-1596

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

**A** For the period beginning APRIL 1, 2002 and ending JUNE 30, 2002

**B** Check applicable boxes:  Initial report  Change of address  Amended report  Final report

**1** Name of organization: HOOSIER POLITICAL ACTION COMMITTEE - NON FEDERAL Employer identification number: 01-0550288

**2** Mailing address (P.O. Box or number, street, and room or suite number):  
C/O CHANTAL WIENECKE; P.O. BOX 25246

City or town, state, and ZIP code:  
ARLINGTON, VA 22202

**3** E-mail address of organization: \_\_\_\_\_ **4** Date organization was formed: 12-17-2001

**5a** Name of custodian of records: CHANTAL WIENECKE **5b** Custodian's address: P.O. BOX 25246  
ARLINGTON, VA 22202

**6a** Name of contact person: CHANTAL WIENECKE **6b** Contact person's address: P.O. BOX 25246  
ARLINGTON, VA 22202

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number:  
1341 EAST CAPITOL STREET; SUITE 307

City or town, state, and ZIP code:  
WASHINGTON, D.C. 20003

- 8** Type of report (check only one box)
- a First quarterly report (due by April 15)
  - b Second quarterly report (due by July 15)
  - c Third quarterly report (due by October 15)
  - d Year-end report (due by January 31)
  - e Mid-year report (Non-election year only - due by July 31)
  - f Monthly report for the month of: \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
  - g Pre-election report (due by the 12th or 15th day before the election)
    - (1) Type of election: \_\_\_\_\_
    - (2) Date of election: \_\_\_\_\_
    - (3) For the state of: \_\_\_\_\_
  - h Post-general election report (due by the 30th day after general election)
    - (1) Date of election: \_\_\_\_\_
    - (2) For the state of: \_\_\_\_\_

<b>9</b> Total amount of reported contributions (total from all attached Schedules A) .....	<b>9</b> <u>11,000.00</u>
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B) .....	<b>10</b> <u>5,000.00</u>

**Sign Here** Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Chantal Wienecke  
Signature of authorized official

7/8/2002  
Date

For Paperwork Reduction Act Notice, see separate instructions. Form **8872** (7-2000)

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization HOOSIER POLITICAL COMMITTEE - NON FEDERAL		Employer identification number 01-0550288
Contributor's name, mailing address and ZIP code  (SEE ATTACHED SHEET)	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code NAT. NUTRITIONAL FOODS ASSN. 3931 MACARTHUR BLDG. STE. 101 NEWPORT BEACH, CA 92660	Name of contributor's employer NNEA - DAVID SECKMAN Contributor's occupation EXECUTIVE DIRECTOR Aggregate contributions year-to-date . . . . . ▶ \$ 1,000	Amount of contributions reported for this period   \$ 1,000
Contributor's name, mailing address and ZIP code STARLIGHT INTL. 80 GARDEN CT. STE. 100 MONTEREY, CA 93942-6021	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$ 10,000	Amount of contributions reported for this period   \$ 10,000
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer  Contributor's occupation  Aggregate contributions year-to-date . . . . . ▶ \$	Amount of contributions reported for this period   \$
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		\$ 11,000.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization HOOSIER POLITICAL COMMITTEE - NON FEDERAL		Employer identification number 01-0550288
Recipient's name, mailing address and ZIP code  <del>(SEE ATTACHED SHEET)</del>	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code MIKE DELPA FOR SECRETARY OF STATE PO BOX 450 WESTFIELD, IN 46074	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$ 5,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period  \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 5,000.00