

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning DECEMBER 17, 20 01 and ending DECEMBER 31, 20 01

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: _____

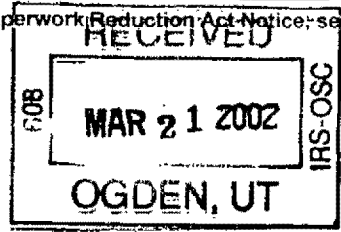
9 Total amount of reported contributions (total from all attached Schedules A)	9	NONE
10 Total amount of reported expenditures (total from all attached Schedules B)	10	NONE

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.

Signature of authorized official: Chantal Wienecke Date: 03/14/02

For Paperwork Reduction Act Notice, see separate instructions.

Form **8872** (7-2000)



SCANNED APR 03 '02

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	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ NONE

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	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ NONE