

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning JANUARY 1, 2002 and ending MARCH 31, 2002

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

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

2 Mailing address (P.O. Box or number, street, and room or suite number):
C/O CHANTAL WIENECKE PO BOX 25246 Non Federal
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: PO BOX 25246
ARLINGTON, VA 22202

6a Name of contact person: CHANTAL WIENECKE
6b Contact person's address: PO 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 E. CAPITOL ST. SE SUITE 301
City or town, state, and ZIP code: WASHINGTON DC 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: OGDEN, UTAH
h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

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9 Total amount of reported contributions (total from all attached Schedules A): \$10,500.00
10 Total amount of reported expenditures (total from all attached Schedules B): 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.
Chantal Wienecke
Signature of authorized official Date: 4/15/2002

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization		Employer identification number
<p>HOOSIER POLITICAL ACTION COMMITTEE</p>		01-0550288
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
NATURES LIFE 7180 LAMPSON AVE. GARDEN GROVE, CA 92841-3914	NATURES LIFE	
	Contributor's occupation PRESIDENT	
	Aggregate contributions year-to-date ▶ \$ 500.00	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
VHATECH INTERNATIONAL 2832 DOW AVE. TUSTIN, CA 92780	VHATECH INTL.	
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$ 1,000.00	\$ 1,000.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
NUTRACEUTICAL 1500 KEARNS BLVD. PARK CITY, VT 84060	NUTRACEUTICAL	
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$ 1,000.00	\$ 1,000.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
AMERICAN SPECIALTY HEALTH INC. 777 FRONT STREET SAN DIEGO, CA 92101	AMERICAN SPECIALTY HEALTH INC.	
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$ 1,000.00	\$ 1,000.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
NATIONAL NUTRITIONAL FOODS ASSN. 3931 MACARTHUR BLVD. NEWPORT BEACH, CA 92660	NATL. NUTRITIONAL FOODS ASSN.	
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$ 2,000.00	\$ 2,000.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
IPT CORP. 520 BROAD ST. NEWARK, NJ 07102	IPT CORP.	
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$ 5,000.00	\$ 5,000.00
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		\$ 10,500.00

Schedule B Itemized Expenditures

Schedule B page 1 of 1

Name of organization HODSIEK POLITICAL ACTION COMMITTEE

Employer identification number 01-059-0288

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

