

Form **8872**
(July 2000)

Political Organization Report of Contributions and Expenditures

OMB No 1545-1806

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning OCTOBER 1, 2002 and ending OCTOBER 16, 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: GENERAL
(2) Date of election: 11-5-02
(3) For the state of: VARIOUS
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
10 Total amount of reported expenditures (total from all attached Schedules B) 10 17,000.00

Sign Here Chantal Wienecke Date 10/17/02
Under penalty 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

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

RECEIVED
OCT 27 2002
OGDEN, UT
654 IRS-OSC

16

NOV 01 2002
SCANNED

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
(SEE ATTACHED SHEET)	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code COMMITTEE TO ELECT JIM WEEHOLT 7920 EVANSTON RD. INDIANAPOLIS, IN 46240	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code PRIZZI FOR PROSECUTOR 47 S. MERIDIAN ST. 2ND FLR. INDIANAPOLIS, IN 46204	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code INDIANA SENATE MAJORITY 47 S. MERIDIAN ST. 2ND FLR. INDIANAPOLIS, IN 46204	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code MURRAY CLARK COMMITTEE 9080 PICKWICK DR. INDIANAPOLIS, IN 46260	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code INDIANA STATE GOP 47 MERIDIAN ST. 2ND FLR. INDIANAPOLIS, IN 46204	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 HECC PO BOX 44054 INDIANAPOLIS, IN 46244	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code JOHNSON COUNTY GOP 690 STATE ST FRANKLIN, IN 46131	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 2,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 17,000.00
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 17,000.00