



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 28251 (R11 / 12-18)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →						2022-52
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Full Name of Committee (<i>Do not abbreviate.</i>) <input type="checkbox"/> Check if this is a new name. Yes for MCCSC - 2022				3. Acronym or Abbreviated Name (<i>if any</i>)		
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) <input checked="" type="checkbox"/> Check if this is a new address. 121 E. Kirkwood Ave., Suite 300				5. E-mail Address (<i>Optional</i>)		
6. City Bloomington	State IN	ZIP Code 47408	7. FAX (<i>Optional</i>) ()	8. Telephone (917) 569-7321	9. Committee Organization Date (<i>mm/dd/yy</i>) 5/23/22	
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
12. State the purpose of the committee and on which issues the committee expects to focus. This Committee is formed to help educate voters in Monroe County, IN on the importance of additional financial support for our public schools.						
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other _____			
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. The Committee supports a proposed tax increase to fund Monroe County Public Schools.						
16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson. Valerie Pena				17. E-mail Address (<i>Optional</i>)		
18. Mailing Address (<i>number and street, city, state, and ZIP code</i>) <input checked="" type="checkbox"/> Check if this is a new address. 8585 E. Wilderness Trail, Unionville, IN 47468				19. Telephone (<i>Day</i>) (812) 855-0850		20. Telephone (<i>Evening</i>) ()
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer. David Roberts				22. E-mail Address (<i>Optional</i>)		
23. Mailing Address (<i>number and street, city, state, and ZIP code</i>) <input type="checkbox"/> Check if this is a new address. 121 E. Kirkwood Ave., Suite 300, Bloomington, IN 47408				24. Telephone (<i>Day</i>) (917) 569-7321		25. Telephone (<i>Evening</i>) ()
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian. David Roberts				27. E-mail Address (<i>Optional</i>)		
28. Mailing Address (<i>number and street, city, state, and ZIP code</i>) <input type="checkbox"/> Check if this is a new address. 121 E. Kirkwood Ave., Suite 300, Bloomington, IN 47408				29. Telephone (<i>Day</i>) (917) 569-7321		30. Telephone (<i>Evening</i>) ()
31. Bank or Other Depositories (<i>List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.</i>) Indiana University Credit Union, 105 E. Winslow Road, Bloomington, IN 47401						
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer David Roberts		Signature of the Committee Chairperson <i>Valerie Pena</i>	
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.						
34. Typed or Printed Name of Treasurer David Roberts		Signature of Treasurer <i>David Roberts</i>		Date (<i>mm/dd/yy</i>) 5/23/2022		
SECTION D. CERTIFICATION OF STATEMENT						
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.						
35. Typed or Printed Name of Chairperson Valerie Pena		Signature of Chairperson <i>Valerie Pena</i>		Date (<i>mm/dd/yy</i>) 5/22/2022		
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within ten (10) days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)						

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