



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R10 / 10-17)  
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>						46-18-76				
<b>SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>										
2. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Concerned Citizens for La Porte County				3. Acronym or Abbreviated Name (if any) Concerned Citizens						
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P O Box 415				5. E-mail Address (Optional) johndoeadear1967@gmail.com						
6. City Michigan City	State IN	ZIP Code 46361-0415	7. FAX (Optional) ( )	8. Telephone ( )	9. Committee Organization Date (mm/dd/yy) 7/17/2018					
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. Committee is focused on disseminating information relative to crime and justice in La Porte County IN										
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. None			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.										
16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson. Allysa J Harvey				17. E-mail Address (Optional)						
Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. P O Box 415				19. Telephone (Day) (219) 850-3600	20. Telephone (Evening) ( )					
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer. Anthony Catchings				22. E-mail Address (Optional)						
23. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. P O Box 415				24. Telephone (Day) (219) 229-9505	25. Telephone (Evening) ( )					
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian. Allysa J Havey				27. E-mail Address (Optional)						
28. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P O Box 415				29. Telephone (Day) (219) 850-3600	30. Telephone (Evening) ( )					
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Members Advantage Credit Union										
<b>SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>										
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Anthony Catchings	Signature of the Committee Chairperson 						
<b>SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>										
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.						FOR OFFICE USE ONLY				
34. Typed or Printed Name of Treasurer Anthony Catchings	Signature of Treasurer 	Date (mm/dd/yy) 7/17/2018	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>F I L E D</b></p> <p style="margin: 0;">IN CLERKS OFFICE</p> <p style="margin: 10px 0 10px 0; font-size: 1.2em;">JUL 19 2018</p> <p style="margin: 0;"><i>Krupp</i></p> <p style="margin: 0;">CLERK OF LA PORTE CIRCUIT COURT</p> </div>							
<b>SECTION D. CERTIFICATION OF STATEMENT</b>										
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.										
Typed or Printed Name of Chairperson Allysa J Harvey	Signature of Chairperson 	Date (mm/dd/yy) 7/17/2018								
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)										