



**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 If Yes, please enter the file number in this box. →						412-22-608
<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 type="checkbox"/> Check if this is a new name.				3. Acronym or Abbreviated Name (if any)		
CTE DUCEY						
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.				5. E-mail Address (Optional)		
205 WARREN RD				CTEDUCEY@GMAIL.COM		
6. City	State	ZIP Code	7. FAX (Optional)	8. Telephone	9. Committee Organization Date (mm/dd/yy)	
MC	IN	46360	( )	(219) 4483201	10/11/2022	
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 TO ELECT MICHAEL J DUCEY TO PUBLIC OFFICE						
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		
MICHAEL J DUCEY 205 WARREN RD MC IN 46360				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.				17. E-mail Address (Optional)		
MICHAEL J DUCEY				mducey@netscape.net		
18. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				19. Telephone (Day)		20. Telephone (Evening)
205 WARREN RD MC, IN 46360				(219) 4483201		( )
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer.				22. E-mail Address (Optional)		
MICHAEL J DUCEY						
23. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				24. Telephone (Day)		25. Telephone (Evening)
205 WARREN RD MC IN 46360				(219) 4483201		( )
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian.				27. E-mail Address (Optional)		
MICHAEL J DUCEY						
28. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				29. Telephone (Day)		30. Telephone (Evening)
205 WARREN RD MC IN 46360				(219) 4483201		( )
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.)						
HORIZON BANK						
<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		Signature of the Committee Chairperson
				MICHAEL J DUCEY		<i>[Signature]</i>
<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		Signature of Treasurer		Date (mm/dd/yy)		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>FILED</b>            IN CLERKS OFFICE              OCT 13 2022    <i>[Signature]</i>            CLERK OF LA PORTE CIRCUIT COURT         </div>
MICHAEL J DUCEY		<i>[Signature]</i>		10/11/2022		
<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.						
35. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (mm/dd/yy)		
MICHAEL J DUCEY		<i>[Signature]</i>		10/11/2022		
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)						



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

**F I L E D**  
IN CLERKS OFFICE

OCT 13 2022

*Heather Stevens*  
CLERK OF LA PORTE CIRCUIT COURT

Date of this notice: 10-13-2022

Employer Identification Number:  
92-0676136

Form: SS-4

CTE DUCEY  
205 WARREN RD  
MICHIGAN CITY, IN 46360

Number of this notice: CP 575 E

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0676136. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

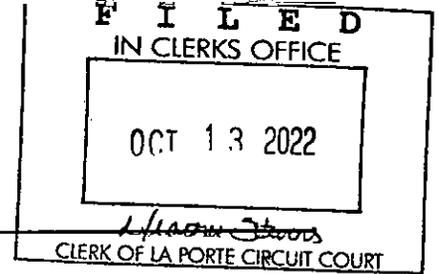
When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c) (3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c) (3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c) (4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

CTEDUCEY

205 Warren Road, Michigan City, IN 46360 | 219-448-3201 | mducey@netscape.net



11 October 2022

This is the statement under **Indiana Code 3-9-1-3.**

## Statement of organization

to form the "Committee to Elect Ducey", heretofore, "CTE DUCEY", as an organization to elect Michael J. Ducey to public office. Michael J. Ducey is the chairman of this committee, elected today, 11 October 2022.

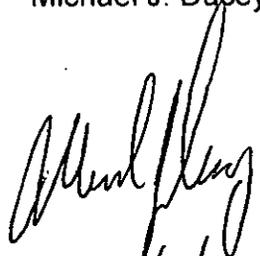
The organization office is 205 Warren Rd., Michigan City, IN 46360.

The organization email address is [cteducey@gmail.com](mailto:cteducey@gmail.com)

CTE DUCEY will have established a bank account for all expenditures at Horizon Bank with an account number.

The treasurer is Michael J. Ducey, allowed under Section 7 (see above)

Michael J. Ducey is running for MCAS Civil Seat, certified 22 September 2022.

  
10/11/22