



**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? ☐ Yes ☒ No If Yes, please enter the file number in this box. → **32-25-034**

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate.) ☐ Check if this is a new name. **Taxpayers 4 Avon Schools**

3. Acronym or Abbreviated Name (if any)

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address. **PO Box 32**

5. E-mail Address (Optional) **hoernemann.margaret119@gmail.com**

6. City Danville	State IN	ZIP Code 46122	7. FAX (Optional) ()	8. Telephone (317) 402-3937	9. Committee Organization Date (mm/dd/yy) 06/27/25
----------------------------	--------------------	--------------------------	--------------------------	---------------------------------------	--

10. Is this committee registered with the Federal Election Commission? ☐ Yes ☒ No 11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? ☐ Yes ☒ No

12. State the purpose of the committee and on which issues the committee expects to focus.
Supporting Avon Schools operating referendum

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? ☐ Yes ☒ No
Check party affiliation if applicable: ☐ Democratic ☐ Libertarian ☐ Republican
☐ Other

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.
Supporting operating referendum renewal question for Avon Schools

16. Chairperson's Name ☐ Check if this is a new chairperson. **Margaret Hoernemann and Shane Sommers**

17. E-mail Address (Optional)

18. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. **4435 Nottingham Dr. Avon, IN 46123**

19. Telephone (Day) **(317) 402-3937** 20. Telephone (Evening) ()

21. Treasurer's Name ☐ Check if this is a new treasurer. **Karl Buetow**

22. E-mail Address (Optional)

23. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. **6415 Timber Climb Dr Avon, IN 46123**

24. Telephone (Day) **(317) 363-1442** 25. Telephone (Evening) ()

26. Custodian of Records' Name ☐ Check if this is a new custodian. **Karl Buetow**

27. E-mail Address (Optional)

28. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. **6415 Timber Climb DR Avon, IN 46123**

29. Telephone (Day) **(317) 363-1442** 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.)

Everwise Credit Union

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 Karl Buetow	Signature of the Committee Chairperson <i>Margaret Hoernemann</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 Karl Buetow	Signature of Treasurer <i>Karl Buetow</i>	Date (mm/dd/yy) 6/25/25
--	--	-----------------------------------

FOR OFFICE USE ONLY

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 Margaret Hoernemann Shane Sommers	Signature of Chairperson <i>Margaret Hoernemann</i>	Date (mm/dd/yy) 6/26/25
--	--	-----------------------------------

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)

FILED
2025 JUN 27 PM 1:45
Margaret Pike
JANOR@THEINDIANAS.COM