



**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. →

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

2. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. MIBOR REALTORS Political Action Committee				3. Acronym or Abbreviated Name (if any) MIBOR RPAC	
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1912 N. Meridian St.				5. E-mail Address (Optional)	
6. City Indianapolis	State IN	ZIP Code 46202	7. FAX (Optional) ( )	8. Telephone (317) 956-1912	9. Committee Organization Date (mm/dd/yy) 12/16/93
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. Real estate industry matters, homeownership, economic development					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. MIBOR REALTOR Association 1912 N. Meridian St., Indianapolis, IN 46202			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. Evan Elliott		17. E-mail Address (Optional)	
18. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1912 N. Meridian St. Indianapolis, IN 46202		19. Telephone (Day) (317) 956-1912	20. Telephone (Evening) (317) 956-1912
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer. Shelley Specchio		22. E-mail Address (Optional)	
23. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1912 N. Meridian St. Indianapolis, IN 46202		24. Telephone (Day) (317) 956-1912	25. Telephone (Evening) (317) 956-1912
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian. Chris Pryor		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. 1912 N. Meridian St. Indianapolis, IN 46202		29. Telephone (Day) (317) 956-1912	30. Telephone (Evening) (317) 956-1912

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.)

**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 Shelley Specchio	Signature of the Committee Chairperson
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**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.			FOR OFFICE USE ONLY FILED JAN 19 AM 9:53 CLERK OF SUPERIOR COURT
34. Typed or Printed Name of Treasurer Shelley Specchio	Signature of Treasurer Shelley Specchio	Date (mm/dd/yy) 01/19/2022	

**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 Evan Elliott	Signature of Chairperson Evan Elliott	Date (mm/dd/yy) 01/19/2022
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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)