



**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)

FILED
CLERK OF HENRICKS COUNTY

(CFA-2)

2020 JAN 24 AM 11:10

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

1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						FILE NUMBER
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 Street				6. 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 Street, 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. Steven Thompson				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 Street, 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 Street, 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 Street, Indianapolis, IN 46202				29. Telephone (Day) (317) 956-1912	30. Telephone (Evening) (317) 258-5805	
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.) National Bank of Indianapolis						
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. Shelley Specchio				Person Appointed Treasurer Signature of the Committee Chairperson		
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
34. Typed or Printed Name of Treasurer Shelley Specchio		Signature of Treasurer <i>Shelley Specchio</i>		Date (mm/dd/yy) 1/9/2020		
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 Steven Thompson		Signature of Chairperson <i>Steven Thompson</i>		Date (mm/dd/yy) 01/23/20		
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)						