



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

State Form 28251 (R9/9-09)

Indiana Election Commission (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.

1. IS THIS AN AMENDMENT?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - If YES, please enter the file number in this box	FILE NUMBER 7230
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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 Hendricks County Democratic Boosters			3. Acronym or Abbreviated Name (if any) HCDB		
4. Mailing Address <input type="checkbox"/> Check if this is a new address 6768 Hall Rd			5. E-mail address (Optional) admin@hcdemboosters.org		
6. City Plainfield	State IN	Zip Code 46168	7. FAX (Optional)	8. Telephone 972-754-9996	9. Committee Organization Date (MM-DD-YY) 02/26/2019
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 3-5-27.3? <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. A booster organization for Hendricks County Democrats by growing democratic values.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson Theresa M. Brandon			17. E-mail address (Optional) theresa_brandon@aol.com		
18. Mailing Address <input type="checkbox"/> Check if this is a new address 6768 Hall Rd Plainfield IN 46168			19. Telephone (Day) 972-754-9996		20. Telephone (Evening) 972-754-9996
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Theresia V. Shearer			22. E-mail address (Optional) shearer.friends@gmail.com		
23. Mailing Address <input type="checkbox"/> Check if this is a new address 7594 Brickmaker Ct. Plainfield IN 46168			24. Telephone (Day) 317-272-1781		25. Telephone (Evening) 317-272-1781
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Theresia V. Shearer			27. E-mail address (Optional) shearer.friends@gmail.com		
28. Mailing Address <input type="checkbox"/> Check if this is a new address 7594 Brickmaker Ct. Plainfield IN 46168			29. Telephone (Day) 317-272-1781		30. Telephone (Evening) 317-272-1781
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) Home Bank					

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	Person Appointed Treasurer Theresia V. Shearer	Signature of the Committee Chairperson Signature Included
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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 Confirm Nbr: 14372 Filed: 2/27/2019 8:48:53AM	
34. Typed or printed name of Treasurer Theresia V. Shearer	Signature of Treasurer Signature Included	Date (MM-DD-YY) 02/26/2019		

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 Theresa M. Brandon	Signature of Chairperson Signature Included	Date (MM-DD-YY) 02/26/2019

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 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