



**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)

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

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Public Hearing</i> If Yes, please enter the file number in this box. →		FILE NUMBER 32-20-0023
<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. DANVILLE COMMUNITY FOR RESPONSIBLE SPENDING INC		3. Acronym or Abbreviated Name (if any) DCRS
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1947 KNIGHTS BRIDGE RD		5. E-mail Address (Optional)
6. City DANVILLE	State IN	ZIP Code 46122
7. FAX (Optional) (317) 3863527	8. Telephone (317) 910 7518	9. Committee Organization Date (mm/dd/yy) 07/23/2020
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. PROMOTE ACADEMIC ACHIEVEMENT & RESPONSIBLE SPENDING AT DC SC		
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. NONE		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 <u>N/A</u>
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.		
16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson. DAVID C. POTTER		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. 1947 KNIGHTS BRIDGE RD, DANVILLE, IN 46122		19. Telephone (Day) (317) 910-7518
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer. STEPHANIE A MEUNIER		20. Telephone (Evening) ( ) SAME
23. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1408 10 <sup>TH</sup> ST. DANVILLE		22. E-mail Address (Optional)
24. Telephone (Day) (317) 727 5955		25. Telephone (Evening) ( ) SAME
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian.		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.		29. Telephone (Day) ( )
		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.)		
<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 Stephanie A. Meunier		Signature of the Committee Chairperson David C. Potter
<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 STEPHANIE A. MEUNIER	Signature of Treasurer Stephanie A Meunier	
35. Typed or Printed Name of Chairperson DAVID C. POTTER		Date (mm/dd/yy) 07-23-20
35. Signature of Chairperson David C Potter		Date (mm/dd/yy) 07/23/2020
<p><b>SECTION D. CERTIFICATION OF STATEMENT</b></p> <p>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.</p>		
<p>Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-3) 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)</p>		

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