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

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes 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)* ☒ Check if this is a new name
WAYNE TAXPAYERS FOR GREAT SCHOOLS GREAT COMMUNITY

3. Acronym or Abbreviated Name *(if any)*
Yes4Wayne

4. Mailing Address *(Address where all campaign finance correspondence is received)* ☐ Check if this is a new address
401 Bradock Ct

5. E-mail Address *(Optional)*

6. City	State	ZIP Code	7. FAX *(Optional)*	8. Telephone	9. Committee Organization Date *(MM-DD-YY)*
Indianapolis	IN	46234	(317) 209-1726	(317) 271-1040	01-10-15

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.
To raise support for passage of referendum to help fund MSD Wayne Twp.

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.
N/A

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 an Operating Referendum for the M.S.D. of Wayne Township

16. Chairperson's Name ☐ Check if this is a new chairperson
Versie Barnes

17. E-mail Address *(Optional)*
barnes_red@sbcglobal.net

18. Mailing Address ☒ Check if this is a new address
2237 Fullerton Circle Indianapolis 46214

19. Telephone *(Day)*
(317) 670-6352

20. Telephone *(Evening)*
(317) 243-8025

21. Treasurer's Name ☐ Check if this is a new treasurer
Mark E. Rhodes

22. E-mail Address *(Optional)*
rhoder19@sbcglobal.net

23. Mailing Address ☐ Check if this is a new address
401 Bradock Ct Indianapolis IN 46234

24. Telephone *(Day)*
(317) 271-1040

25. Telephone *(Evening)*
(317) 271-3373

26. Custodian of Records' Name ☐ Check if this is a new custodian
Mark E. Rhodes

27. E-mail Address *(Optional)*
rhoder19@sbcglobal.net

28. Mailing Address ☐ Check if this is a new address
401 Bradock Ct. Indianapolis IN 46234

29. Telephone *(Day)*
(317) 271-1040

30. Telephone *(Evening)*
(317) 271-3373

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.)*
Bmo Harris 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 Committee.

Person Appointed Treasurer
Mark Rhodes

Signature of the Committee Chairperson
Versie Barnes

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	Signature of Treasurer	Date *(MM-DD-YY)*
Mark Rhodes	Mark Rhodes	01-12-15

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	Signature of Chairperson	Date *(MM-DD-YY)*
Versie Barnes	Versie Barnes	01-12-15

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 10 days** of the change. *(IC 3-9-1-10)* A person who knowingly files a fraudulent report commits a Class D 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)*

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FILED
JAN 14 2015
Myla A. Eldridge