



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

(CFA-2)

State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

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	
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 MAINSTREAM DEMOCRATS OF EVANSVILLE		3. Acronym or Abbreviated Name (if any)	
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address P.O. Box 1065		5. E-mail Address (Optional)	
6. City EVANSVILLE	State IN	ZIP Code 47706	7. FAX (Optional) (812) [REDACTED]
8. Telephone (812) [REDACTED]		9. Committee Organization Date (MM-DD-YY) JUNE 2011	
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 3-5-2-27.37? <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. TO RAISE MONEY TO SUPPORT DEMOCRAT CANDIDATES DEEMED MAINSTREAM MODERATES BY THE COMMITTEE			
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 checked="" 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. N/A			
16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson DAVID L. JONES		17. E-mail Address (Optional) djones@joneswallace.com	
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 420 MAIN STREET, EVANSVILLE, IN 47708 SUITE 1600		19. Telephone (Day) (812) [REDACTED]	
20. Telephone (Evening) (812) [REDACTED]		21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer PAT TULEY	
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address [REDACTED] DRIVE EVANSVILLE IN 47720		23. Telephone (Day) (812) [REDACTED]	
24. Telephone (Evening) (812) [REDACTED]		25. E-mail Address (Optional)	
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian LAUREN K. JONES		27. Telephone (Day) (812) [REDACTED]	
28. Telephone (Evening) (812) [REDACTED]		29. Telephone (Day) (812) [REDACTED]	
30. Telephone (Evening) (812) [REDACTED]		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.) OLD NATIONAL BANK OF EVANSVILLE	
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. PAT TULEY		Person Appointed Treasurer PAT TULEY	
Signature of the Committee Chairperson <i>[Signature]</i>		Signature of the Treasurer <i>[Signature]</i>	
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 PAT TULEY		Signature of Treasurer <i>[Signature]</i>	
Date (MM-DD-YY) 6/7/11		FOR OFFICE USE ONLY	
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 DAVID L. JONES		Signature of Chairperson <i>[Signature]</i>	
Date (MM-DD-YY) 6/7/11		VANDERBURGH CIRCUIT COURT ★ FILED ★ JUN 6 2011 <i>[Signature]</i>	
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose (IC 3-9-4-9) 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)			