

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Wayne E Harmon
Committee to Elect

ADDRESS (number and street)

P.O. Box 19603

(Check if address is changed)

Indianapolis IN 46219
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Staff@weharmon.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.weharmon.com

2. DATE

04 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C00496695

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jacquilyn J. Bapp

Signature of Treasurer

Jacquilyn J. Bapp

Date

04 / 01 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Grid line for full name

Mailing Address

Grid lines for mailing address

Title or Position

CITY

STATE

ZIP CODE

Grid line for title or position

Telephone number

Grid lines for telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Handwritten: Jacquilyn J Baird

Mailing Address

Handwritten: 9906 Starburst Drive

Handwritten: Indianapolis IN 46229

CITY

STATE

ZIP CODE

Title or Position

Handwritten: Treasurer

Telephone number

Handwritten: 317-966-7332

1-800-438-1414

Full Name of Designated Agent

Matthew B Bowley

Mailing Address

11041 Island Woods Drive

Indianapolis IN 46220

CITY

STATE

ZIP CODE

Title or Position

CO-TREASURER

Telephone number 317-414-5003

SECTION 19

19. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BMO Harris Bank

Mailing Address

11420 E. 86th Street

Indianapolis IN 46240

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

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46219
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1006

20463

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VISIT US AT **USPS.COM**
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FROM: *Wayne Harmon*

PO Box 19603

INDPLS, IN.

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Wash. D.C. 20463

Label 228, July 2013

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EP14F July 2013



Federal Election Commission
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| <input type="checkbox"/> No Postmark | |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


 PREPARER

4/6/15
 DATE PREPARED

FEDERAL ELECTION COMMISSION