PAGE 1/5 =

FEC FORM 1			SANIZA		_				0	ffice U	se Onl	y		•
1. NAME OF COMMITTEE (ir	n full)	(Check	(if name		ble:If typing, ne lines.	type	12E	E4M	15	_				
Elect Hone				Over ti										
										ı				
ADDRESS (number a	nd street)	P.O. Box 5018	4 1											
(Check if a is changed		8710 Bash St.		1 1 1				1 1	1 1	ı	I I	1 1	1 1	₁ [
is changed	1)	Indianapolis CITY					IN STAT	E 🛦	462	256	ZIF		DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if a is changed		info@electh	onestleader	rshippad	com									
		Optional Secon	nd E-Mail Add	lress										
COMMITTEE'S WEB (Check if a is changed)	address	electhonestlead	dershippac.com	n 										
2. DATE 0		2020												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	00743963										
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMENDE	ED (A)								
I certify that I have e	examined thi	s Statement an	d to the best	of my kno	owledge and	d belief it	is true,	corre	ct and	d com	plete.			
Type or Print Name	of Treasurer	Galvin, David,	1 1											
Signature of Treasure	er <i>Galvin</i> ——	, David, , ,		[E	lectronically i	Filed]	Date	M (М 04	1	IO	/ Y	2020	YYY
NOTE: Submission of		ous, or incomple ANY CHANGE II		-						pena	lties o	f 2 U.	S.C. §	437g.
Office Use Only				Fe To	or further info ederal Election oll Free 800-42 ocal 202-694-1	Commissi 24-9530					C F(

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		. 3
Elect Honest Le	adership PAC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		1 1 1 1 1 1 1
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in posso	ession of committee
Galvin, Dav	vid, , ,	
Full Name	,P.O. Box 501841	
Mailing Address	18710 Bash St.	
	Indianapolis IN 46256	
Title or Position	CITY STATE Z	P CODE
Custodian of Records	317 3: Telephone number	31 - 5850 -
 Treasurer: List the name and any designated agent (e.g., a 	I address (phone number optional) of the treasurer of the committee; and the names ssistant treasurer).	e and address of
Full Name Galvin, Dav	rid, , ,	1
Mailing Address	P.O. Box 501841	
aming / idai 055	8710 Bash St.	
	Indianapolis IN 46256	. -
T		P CODE
Title or Position Treasurer	Telephone number 317 - 33	5850

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds loxes or maintains funds. Depository, etc. Huntington Bankshares Inc.	
safety deposit bo	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd.	
safety deposit be Name of Bank, I	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd. IN373	5038
safety deposit be Name of Bank, I	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd.	5038 ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd. IN373 Fishers CITY STATE	
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safety deposit be Name of Bank, I Mailing Address	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd. IN373 Fishers CITY STATE Depository, etc.	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Huntington Bankshares Inc. 11001 Allisonville Rd. IN373 Fishers CITY STATE Depository, etc.	

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

Federal Election Commission 1050 First Street, NE Washington, D.C. 20463 Re: Form 1, Statement of OrganizationUnlimited Contributions To Whom It May Concern: This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. Respectfully submitted, David Galvin

Form/Schedule: F1N Transaction ID:

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