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FEC FORM 1	STATEMEN ORGANIZA	IT OF SECRETAR	CEIVED OF THE SENATE RECORDS 24 AMII: 13	PAGE 1 / 4 —
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Lucy Brenton for		over the initial.		-
	1107 AN: III D	111111		
ADDRESS (number and street)	11807 Allisonville Rd.			
(Check if address is changed)	#222			
	Fishers CITY		IN 46038	312.0025
COMMITTEE'S E-MAIL ADDRE			JAIC &	ZIP CODE ▲
(Check if address	:ss ,info@lucyforsenate.com	1		
is changed)				
	Optional Second E-Mail Add	ress		
				
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) http://www.lucyforsenate.com/			
2. DATE 08 17	2016			
3. FEC IDENTIFICATION NU	јмвег ▶ С			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it i	s true, correct and comple	ete.
Type or Print Name of Treasure	Oorn Brenton			
Signature of Treasurer	Brenton () , C . B	suntar_	Date 08 17	2016
NOTE: Submission of false, errone	ous, or incomplete information m	ay subject the person signing th N SHOULD BE REPORTED WI	is Statement to the penaltie	os of 2 U.S.C. §437g.
Office Use Only		For further information collection Commission Toll Free 800-424-9530 Local 202-694-1100	, FEC	FORM 1 sed 06/2012)

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	F	EC For	n 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CO	DMMITTEE	
	Can	didate	Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comintormation below.)	nplete the candidate
	Name Candi		Lucy Brenton	<u> </u>
	Cand Party	idate Affiliatio	Office Sought: House Senate President	State IN 00 District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Com	mittee:	(Democratic,
	(d)		This committee is a (National, State or subordinate) committee of the	Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	it Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political e.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.		
		3.	FEC ID number C	
		4.	FEC ID number	

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550 Farm 4 (Daylord)	23/2000)	0 2
FEC Form 1 (Revised (Page 3
Lucy Brenton fo		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hin PAC Snonsor
NONE	godinession, reministed Committee, John Fundamenty Representative, of Leaders	my i no opolisoi
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Dorn Bren	ton	
Full Name 1 1 11	11807 Allisonville Rd.	
Mailing Address	#222	<u>. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, </u>
	Fishers IN 46038	·
Title or Position	CITY STATE	71D CODE
THE OF POSITION	CITY STATE	ZIP CODE
Treasurer	Telephone number 317 -	721 - 3676
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	me and address of
Full Name Oorn Brent of Treasurer	on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	11807 Allisonville Rd.	
	#222 	
	Fishers IN 46038 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 317 -	721 - 3676

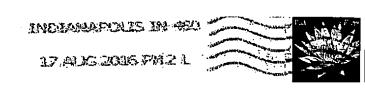
FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Page 4

13renton 10508 Ross Xing Fishers, IN 46038



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United States Senate

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PREPARER DATE PREPARED 8-24-6



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