

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2008 FEB 19 AM 9:32

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

THE COMMITTEE TO ELECT LARRY LAMONT LEDFORD

ADDRESS (number and street)

15650 W. 86 ST SUITE 134-142

(Check if address  
is changed)

INDIANAPOLIS IN 46278

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

LEDOOY456.ATYAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

MENTPHASISOFCHANGEBLOGSPOT.COM

COMMITTEE'S FAX NUMBER

317-757-1668

2. DATE 02 '14 '2008

3. FEC IDENTIFICATION NUMBER C

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

James Allen

Signature of Treasurer



Date 02 '14 '2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only						For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
FE3AN042.PDF							

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## 5. TYPE OF COMMITTEE

**Candidate Committee:**

(a)  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. (Complete the candidate information below.)

Name of Candidate

LARRY LAMONT LEONARD

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

IN  
07

District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

[REDACTED]

**Party Committee:**

(d)  This committee is a (National, State  
or subordinate) committee of the (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. [REDACTED] FEC ID number C
2. [REDACTED] FEC ID number C
3. [REDACTED] FEC ID number C
4. [REDACTED] FEC ID number C
5. [REDACTED] FEC ID number C

Write or Type Committee Name

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

## 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

BARBARA POWELL

Mailing Address

5650 W. 86 ST. 134-142

INDIANAPOLIS

IN

46278-1

CITY

STATE

ZIP CODE

Title or Position

Chair Person

Telephone number

317-855-3295

## 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

DAMES ALLEN

Mailing Address

5650 W. 86<sup>th</sup> ST. SUITE 134-142

INDIANAPOLIS

IN

46278-1

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

317-855-3295

Full Name of  
Designated  
Agent

JAMES ALLEN

Mailing Address

5650 W. 86<sup>th</sup> ST. B4-142

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

317-255-3295

9. 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.

FLASHSTAR BANK

3221 W. 86<sup>th</sup> ST

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

CITY

STATE

ZIP CODE

## Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	2/19/08

PREPARER

(3/2005)

DATE PREPARED