

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF VALERIE MCCRAY

ADDRESS (number and street) 3258 E. FALL CREEK PARKWAY N DRIVE

(Check if address is changed)

INDIANAPOLIS

CITY ▲

IN

STATE ▲

46205

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Valerie@DrValerieMcCray.org

Optional Second E-Mail Address  
drvaleriemccray@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

drvaleriemccray.org

2. DATE 11 / 07 / 2019

3. FEC IDENTIFICATION NUMBER ▶

C C00697615

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 Lett, Mary, M, ,

Signature of Treasurer *Lett, Mary, M, ,*

[Electronically Filed]

Date

12 / 12 / 2022

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.

Office Use Only				
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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)

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 MCCRAY, VALERIE LIN DR., , ,

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

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

Name of Candidate

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

In addition, this committee is a Lobbyist/Registrant PAC.

- (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 Lobbyist/Registrant PAC.

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

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i)  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.
- (j)  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.
2.

Write or Type Committee Name

# FRIENDS OF VALERIE MCCRAY

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

NONE

Grid lines for organization name entry

Mailing Address

Grid lines for mailing address entry

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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.

MCCRAY, VALERIE LIN DR., , ,

Full Name

Grid lines for full name entry

Mailing Address

3258 E FALL CREEK PARKWAY N DRIVE

Grid lines for mailing address line 1

Grid lines for mailing address line 2

INDIANAPOLIS

IN

46205

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Grid lines for title/position entry

Telephone number

317

701

0976

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

Lett, Mary, M, ,

of Treasurer

Grid lines for full name of treasurer

Mailing Address

3480 E Fall Creek Parkway N Dr

Grid lines for mailing address line 1

Grid lines for mailing address line 2

Indianapolis

IN

46205

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title/position entry

Telephone number

317

902

9892

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

Huntington Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address: 724 Broadripple Ave., Indianapolis, IN 46220]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲