Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICA NOW PO BOX 1532 ADDRESS (number and street) (Check if address is changed) **INDIANAPOLIS** 46206 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wwburns@earthlink.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00511196 FEC IDENTIFICATION NUMBER > 3. X 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. CARR, SCOTT, M.,, Type or Print Name of Treasurer CARR, SCOTT, M., , [Electronically Filed] 09 25 2019 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	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	rty Con	nmittee:	
(d)		(National, State	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 conr	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.	
( <b>f</b> )			gradated fund or party
(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 tw 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.		

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Write or Type Committee		
AMERICA N	OW	
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
CARSON, ANDRE	<u>:</u> 1	
	PO BOX 1863	
Mailing Address		
	INDIANAPOLIS IN	46206
	CITY STATE	ZIP CODE
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the per	rson in possession of committe
	R, SCOTT, M., ,	
Full Name	PO BOX 1532	
Mailing Address		
	INDIANADOLIC	,46206
	INDIANAPOLIS	40200
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
	ne and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
Full Name CARI of Treasurer	R, SCOTT, M., ,	
Mailing Address	PO BOX 1532	
	INDIANAPOLIS	46206
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	

1 LC 1 011	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ds accounts, rents
safety deposit be	oxes or maintains funds.	ds accounts, rents
safety deposit be Name of Bank,	pepository, etc.  PNC Bank  101 W. Washington Street	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  IN 46204	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  CITY  STATE  Depository, etc.	
Name of Bank,  Name of Bank,  Name of Bank,	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  IN 46204	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  CITY  STATE  Depository, etc.	
Name of Bank,  Name of Bank,  Name of Bank,	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  CITY  STATE  Depository, etc.	
Name of Bank,  Name of Bank,  Name of Bank,	Depository, etc.  PNC Bank  101 W. Washington Street  Indianapolis  CITY  STATE  Depository, etc.	