



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

(CFA - 2)

State Form 28251 (R9/9-09)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT?  NO  YES - If YES, please enter the file number in this box

7859

**SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full name of committee (Do Not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Women's Voice PAC			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address PO Box 312			5. E-mail address (Optional) womensvoicepac@gmail.com		
6. City South Bend	State IN	Zip Code 46601	7. FAX (Optional)	8. Telephone 574-285-4220	9. Committee Organization Date (MM-DD-YY) 12/14/2023
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. Electing Pro-Women Candidates					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. N/A			14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. N/A					
16. Chairperson's Full Name <input checked="" type="checkbox"/> Check if this is a new chairperson Brianna Thomas			17. E-mail address (Optional)		
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 1143 E Ireland Rd, #1007 South Bend IN 46614			19. Telephone (Day) 574-686-7451	20. Telephone (Evening)	
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Jena Stuckey			22. E-mail address (Optional)		
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2015 W Western, #333 South Bend IN 46619			24. Telephone (Day) 574-710-4482	25. Telephone (Evening)	
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian Jena Stuckey			27. E-mail address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address 2015 W Western, #333 South Bend IN 46619			29. Telephone (Day) 574-710-4482	30. Telephone (Evening)	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) PNC Bank					

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the	Person Appointed Treasurer Jena Stuckey	Signature of the Committee Chairperson
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 15986 Filed: 12/19/2023 10:10:00AM	
34. Typed or printed name of Treasurer Jena Stuckey	Signature of Treasurer	Date (MM-DD-YY)		

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or printed name of Chairperson Brianna Thomas	Signature of Chairperson	Date (MM-DD-YY)
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**Warning:** Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Level 6 felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC