

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

INDIANA MANUFACTURERS ASSOCIATION PAC

ADDRESS (number and street)

2400 ONE AMERICAN SQUARE BOX 820124

(Check if address is changed)

INDIANAPOLIS

IN

46282-0913

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

IMF.PAC@IMAWEB.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

317-231-2320

2. DATE

11/29/2007

3. FEC IDENTIFICATION NUMBER ▶

C00440347

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

EDWARD O. ROBERTS

Signature of Treasurer

Edward O. Roberts

Date

11/29/2007

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 02/2003)

27039571104

5. TYPE OF COMMITTEE (Check One)

- (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 _____

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 _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

INDIANA MANUFACTURERS ASSOCIATION _____

Mailing Address 2400 ONE AMERICAN SQUARE, BOX 820121 _____

INDIANAPOLIS IN 46282-1013 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship TRADE ASSOCIATION _____

Type of Connected Organization:

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

27039571105

Write or Type Committee Name

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 JENNY KNOEBEL

Mailing Address 2400 ONE AMERICAN SQ. BOX 82012
INDIANAPOLIS IN 46282-0013

Title or Position OFFICE MANAGER - IMA CITY STATE ZIP CODE

Telephone number 317-632-2474

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 EDWARD O. ROBERTS

Mailing Address 2400 ONE AMERICAN SQ. BOX 82012
INDIANAPOLIS IN 46282-0013

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 317-632-2474

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27039571106

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.

NATIONAL BANK OF INDIANAPOLIS

Mailing Address

ONE AMERICAN SQUARE SUITE 100

INDIANAPOLIS IN 46282-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039571107

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.

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USPS First Class Mail Postmarked
11/29/07

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Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

12/4/07

DATE PREPARED

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