

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Mid-America Political Action Committee**

(b) Address (number and street)  check if different than previously reported  
5638 Professional Circle

(c) City, State and ZIP Code  
Indianapolis IN 46241

(d) Name of Employer or Principal Place of Business N/A (e) Occupation

### 2. FEC Identification Number

C C30002182

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2012  
through  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2012

5. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 (b) Communication Title Opinion Radio Ad

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: Indiana state PAC

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name

Mike Merrell

(b) Address (number and street)

5638 Professional Circle

(c) City, State and ZIP Code

Indianapolis IN 46241

(d) Name of Employer or Principal Place of Business (e) Occupation

Unit. Food Comm. Workers Un. Local 700 Secretary Treasurer

### 9. Total Donations This Statement

0.00

### 10. Total Disbursements/Obligations This Statement

118000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Laurence E. Gold

SIGNATURE Laurence E. Gold

[Electronically Filed] DATE 11/05/2012

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

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name		<b>Transaction ID : F91.000001</b>	
J. Chris Sanders			
(b) Address (number and street)	3330 Pinecroft Drive		
(c) City, State and ZIP Code	Louisville	KY	40219
(d) Name of Employer or Principal Place of Business	Unit. Food Comm. Workers Un. Local 227	(e) Occupation	Exec. Ass't to the Pres. & Gen.Counsel
<b>B.</b> (a) Name		<b>Transaction ID : F91.000002</b>	
Mike Merrell			
(b) Address (number and street)	5638 Professional Circle		
(c) City, State and ZIP Code	Indianapolis	IN	46241
(d) Name of Employer or Principal Place of Business	Unit. Food Comm. Workers Un. Local 700	(e) Occupation	Secretary Treasurer
<b>C.</b> (a) Name		<b>Transaction ID : F91.000003</b>	
Brigid Kelly			
(b) Address (number and street)	7250 Poe Ave. Suite 400		
(c) City, State and ZIP Code	Dayton	OH	45414
(d) Name of Employer or Principal Place of Business	Unit. Food Comm. Workers Un. Local 75	(e) Occupation	Communications Director
<b>D.</b> (a) Name		<b>Transaction ID : F91.000004</b>	
Bob Laughead			
(b) Address (number and street)	3330 Pinecroft Drive		
(c) City, State and ZIP Code	Louisville	KY	40219
(d) Name of Employer or Principal Place of Business	Unit. Food Comm. Workers Un. Local 227	(e) Occupation	Organizer
<b>E.</b> (a) Name		<b>Transaction ID : F91.000005</b>	
John Marrone			
(b) Address (number and street)	3900 Olympic Blvd. Suite 100		
(c) City, State and ZIP Code	Erlanger	KY	41018
(d) Name of Employer or Principal Place of Business	Unit. Food Comm. Workers Un. Reg. 4	(e) Occupation	Collective Bargaining Representative

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>LUC Media</b>			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: x-small;">10 / 18 / 2012</span> </div>
Mailing Address of Payee 25 Whitlock Place, Suite 201			Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-small;">118000.00</span> </div>
City Marietta	State GA	Zip Code 30064	Communication Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: x-small;">10 / 18 / 2012</span> </div>
Name of Employer Occupation			<b>Transaction ID : F93.000001</b>
Purpose of Disbursement (Including title(s) of communication(s)) Radio ads ("Opinion")			
Name of Federal Candidate Richard Mourdock	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IN</u> District: _____	Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>Transaction ID : F94.000002</b>			
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M M / D D D / Y Y Y Y Y Y</span> </div>
Mailing Address of Payee			Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-small;"> </span> </div>
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M M / D D D / Y Y Y Y Y Y</span> </div>
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-small;">118000.00</span> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-small;">118000.00</span> </div>