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FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INDIANA MANUFACTURERS ASSOCIATION PAC

ADDRESS (number and street)

2400 ONE AMERICAN SQUARE

Box 82012

Check if different than previously reported. (ACC)

INDIANAPOLIS

IN

46282-10013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00440347

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

07' 01' 2010

through

09' 30' 2010

I certify that I have examined this Report 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 Roberts*

Date

10' 11' 2010

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

10030471135

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA MANUFACTURERS ASSOCIATION PAC

Report Covering the Period:

From:

07 ' 01 ' 2010

To:

09 ' 30 ' 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		26,306.7
(b) Cash on Hand at Beginning of Reporting Period.....	3,574.06	
(c) Total Receipts (from Line 19) .....	351.34	2,354.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,925.40	4,985.40
7. Total Disbursements (from Line 31).....	1,073.51	2,133.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,851.89	2,851.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

10030471136

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA MANUFACTURERS ASSOCIATION PAC

Report Covering the Period: From: 07 01 2010 To: 09 30 2010

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

	350.00	1,350.00
	0	0
	350.00	1,350.00
	0	1,000.00
	0	0
	350.00	2,350.00
	0	0
	0	0
	0	0
	0	0
	0	0
	1.34	4.73
	0	0
	0	0
	0	0
	351.34	2,354.73
	351.34	2,354.73

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**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	561.51	561.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	561.51	561.51
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	72.00	72.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1073.51	2133.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1073.51	2133.51

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	501.51	501.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	501.51	501.51

10030471139

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**INDIANA MANUFACTURERS ASSOC. PAC.**

A. Full Name (Last, First, Middle Initial)  
**DIXON STEPHEN C.**

Mailing Address  
**1101 N. TYRONE DR.**

City **MUNCIE** State **IN** Zip Code **47304-3168**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BECKETT BROSSE CO.** Occupation **GENERAL MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
**09' 07' 2010**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**FIRMANI JOHN A.**

Mailing Address  
**4876 PEBBLEPOINTE PASS**

City **ZIONSVILLE** State **IN** Zip Code **46077**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SMALL PARTS INC** Occupation **CFO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  
**08' 21' 2010**

Amount of Each Receipt this Period  
**100.00**

C. Full Name (Last, First, Middle Initial)  
**TRINE RALPH**

Mailing Address  
**PO BOX 507**

City **ANGOLA** State **IN** Zip Code **46703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VESTIL MANUFACTURING** Occupation **VICE PRES.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
**08' 10' 2010**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional).....▶ **350.00**

TOTAL This Period (last page this line number only).....▶ **350.00**

10030471140

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1 OF 3

<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
		<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	<input type="checkbox"/> 30c

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NAME OF COMMITTEE (In Full)

INDIANA MANUFACTURERS ASSOC. PAC

Full Name (Last, First, Middle Initial)

A.

STUTZMAN MARLIN

Mailing Address

PO BOX 129

City

HOWE

State

IN

Zip Code

46746

Purpose of Disbursement

SEPT 9TH EVENT

Candidate Name

STUTZMAN FOR CONGRESS

Office Sought:

House

Senate

President

State: IN

District: 3

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

10030471141

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										PAGE 2 OF 3
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**INDIANA MANUFACTURERS ASSOC. PAC**

A. Full Name (Last, First, Middle Initial) <b>IND. MFRS ASSN.</b>		Date of Disbursement <b>08 / 09 / 2010</b>
Mailing Address <b>ONE AMERICAN SQ.</b>		Amount of Each Disbursement this Period <b>534.76</b>
City <b>INDPLS IN</b>	State <b>IN</b>	
Purpose of Disbursement <b>PRINT + MAIL PIECE TO MEMBERS</b>	Zip Code <b>46282</b>	Category/ Type <b>003</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>534.76</b>
TOTAL This Period (last page this line number only).....▶	

10030471142



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 3				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**INDIANA MANUFACTURERS ASSOC. PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**NATIONAL BANK OF INDPLS.**

Date of Disbursement  
**09 / 08 / 2010**

Mailing Address  
**107 N. PENNSYLVANIA ST.**

City  
**INDPLS** State  
**IN** Zip Code  
**46204**

Purpose of Disbursement  
**CHECKS**

Candidate Name

Amount of Each Disbursement this Period  
**00.1**

Category/Type  
**2675**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **CHECK ORDER**

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶ **26.75**

**TOTAL** This Period (last page this line number only).....▶ **1061.51**

10030471143

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
10/11/10

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*ED* 10/22/10  
PREPARER DATE PREPARED

10030471144