## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

	This form sho	uld be filed after	the Committee	qualifies as a	multicandidate	committee.
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	NAME OF C	committee in full ender, Killian, Heath & Lyr ttee a/k/a HallWay PAC -	man, P.C. Poli		]							
Committee a/k/a HallWay PAC - Federal  (b) Number and Street Address One American Square Suite 2000 (c) City, State and ZIP Code Indianapolis IN 46282  I certify that <b>one</b> of the following situations is correct (complete line 4 or 5):						2. FEC IDENTIFICATION NUMBER C00552083  3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER						
<b>4.</b>	STATU	S BY AFFILIATION: The co	mmittee submit	ted its Statement of								
5.	Committee Name:											
	Name Office Sought State/District Date											
	(i)	BUCSHON FOR CONGRESS	House	IN	08	12/20/2013						
	(ii)	FRIENDS OF SUSAN BROOKS		House	IN	05	12/20/2013					
	(iii)	(iii) LUKE MESSER FOR CONGRESS		House	IN	06	12/20/2013					
	(iv)	INC. HOOSIERS FOR ROKITA		House	IN	04	12/20/2013					
	(v)	INC. RYAN FOR CONGRESS		House	WI	01	03/07/2014					
TYP	on:  (c) Re sub  (d) Qu  ify that I have E OR PRINT	ntributors: The committee results on: 11/08/2013  gistration: The committee had be mitted on: 11/14/2013  calification: The committee results of the statement and to the statement and to the statement of the st	nas been register——.  The state of my knowledger of Tild Signature	ered for at least 6 more equirements on:	onths. FEC	C FORM	1 was 					
	ni J Ullom E: Submissio	on of false, erroneous, or incomplete inf ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		05/15						

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

**FEC FORM 1M**