

FEC FORM 1

STATEMENT OF ORGANIZATION

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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)

101 WEST WASHINGTON STREET

(Check if address is changed)

SUITE 1050 EAST

INDIANAPOLIS

CITY ▲

IN

STATE ▲

46204-4211

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

IMA@IMAWEB.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 ' 09 ' 2015

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

07 ' 09 ' 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

NON-FEDERAL CAMPAIGN FINANCING

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

20151012 10:00:14 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

INDIANA MANUFACTURERS ASSOCIATION INC

Mailing Address 101 WEST WASHINGTON STREET SUITE 1050 EAST INDIANAPOLIS IN 46204-4211 CITY STATE ZIP CODE

Relationship: [X] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

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 101 WEST WASHINGTON ST SUITE 1050 EAST INDIANAPOLIS IN 46204-4211 Title or Position CITY STATE ZIP CODE

OFFICE MGR - IMA Telephone number 317-713-1591

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 101 WEST WASHINGTON ST SUITE 1050 EAST INDIANAPOLIS IN 46204-4211 Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 317-713-1592

NOTATION: NO. ON BOTTOM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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 SQ

SUITE 100

INDIANAPOLIS IN 46282

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NATIONAL BANK OF INDIANAPOLIS

INDIANA MANUFACTURERS ASSOCIATION

Indiana Manufacturers Association, Inc.

2012

W Washington St - Suite 1050 East
Indianapolis, IN 46204

neopost[®]
07/09/2015

FIRST-CLASS MAIL

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US POSTAGE



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**FEDERAL ELECTION DIVISION
999 E STREET NW
WASHINGTON DC 20463**

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Federal Election Commission
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 7/28/15
PREPARER DATE PREPARED

0001-0000 | 1-800-438-3030