

FEC FORM 1

STATEMENT OF ORGANIZATION

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2015 NOV 20 PM 12:07
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

ADDRESS (number and street)

PO BOX 721

(Check if address is changed)

BEECH GROVE

CITY ▲

IN

STATE ▲

46107-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

INFO@INRASUPERPAC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.INRASUPERPAC.COM

2. DATE

NOV 20

23

2015

3. FEC IDENTIFICATION NUMBER ▶

C 00522474

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

Donna Brown

Signature of Treasurer

Donna Brown

Date

NOV 20

23

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 GOVERNMENT

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

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Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: 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

DONNA BROWN

Mailing Address

PO BOX 721

BEECH GROVE

IN

46107

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORD

Telephone number

317-289-9847

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

DANNA BROWN

Mailing Address

PO BOX 721

BEECH GROVE

IN

46107

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

317-289-9847

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Full Name of Designated Agent

DAVE LANTZ

Mailing Address

PO Box 72

BEECH GROVE

IN

46107

CITY

STATE

ZIP CODE

Title or Position

MEDIA DIRECTOR

Telephone number

317-628-8969

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.

REGIONS BANK

Mailing Address

3820 S EMERSON AVE

INDIANAPOLIS

IN

46203

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

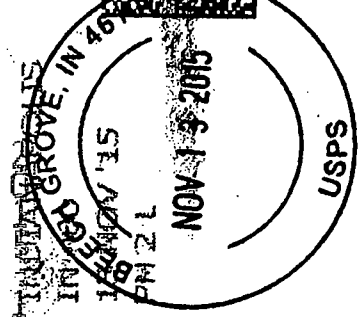
STATE

ZIP CODE

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INRA SUPER PA
PO BOX 721
BEECH GROVE, IN 46007

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BEECH GROVE, IN 46007

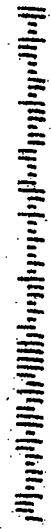


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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked


 PREPARER

11/20/15
 DATE PREPARED

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