



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Indiana Values SuperPAC Inc

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="10000"/>	<input type="text" value="10000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90437.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="275500"/>	<input type="text" value="527270"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="365937.88"/>	<input type="text" value="537270"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="358564.3"/>	<input type="text" value="529896.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7373.58"/>	<input type="text" value="7373.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Indiana Values SuperPAC Inc**

Report Covering the Period: From:  /  /  To:  /  /

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).....	275500	526895
(ii) Unitemized .....	0	375
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	275500	527270
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	275500	527270
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	275500	527270
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	275500	527270

**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 .....	175564.3	207288.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	175564.3	207288.8
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	183000	322607.62
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)).....	0	0
29. Other Disbursements .....	0	0
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)) ..	358564.3	529896.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	358564.3	529896.42

**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) .....	275500	527270
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	275500	527270
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	175564.3	207288.8
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	175564.3	207288.8

**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)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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 Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)  
**A. Albert Mitchler**

Mailing Address 619 Constitution Avenue NE

City Washington State DC Zip Code 20002-6035

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : SA11AI-11-79-c**

Amount of Each Receipt this Period  
2500

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. Indiana Values, Inc.**

Mailing Address 1401 K Street NW Suite 600

City Washington State DC Zip Code 20005-3410

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI-46-61-i**

Amount of Each Receipt this Period  
67000

In-Kind:In-Kind broadcast TV media buy

Full Name (Last, First, Middle Initial)  
**C. Indiana Values, Inc.**

Mailing Address 1401 K Street NW Suite 600

City Washington State DC Zip Code 20005-3410

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : SA11AI-46-93-i**

Amount of Each Receipt this Period  
70000

In-Kind:In-Kind broadcast TV media buy

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	139500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

**A. Paul Jones II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1275 King Street

City Greenwich State CT Zip Code 06831-2936

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

Name of Employer Tudor investment Corp. Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000**

Date of Receipt **04 / 20 / 2012**

**Transaction ID : SA11AI-47-58-c**

Amount of Each Receipt this Period **25000**

Political Contribution

**B. Sam and Marilyn Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 7701 Forsyth Boulevard Suite 600

City Saint Louis State MO Zip Code 63105-1875

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

Name of Employer Harbour Group Occupation Business Man/Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000**

Date of Receipt **04 / 19 / 2012**

**Transaction ID : SA11AI-49-62-c**

Amount of Each Receipt this Period **100000**

Political Contribution

**C. Donald Kendall**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Anderson Hill Road

City Purchase State NY Zip Code 10577-1401

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

Name of Employer NA Occupation retired business executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt **04 / 20 / 2012**

**Transaction ID : SA11AI-50-63-c**

Amount of Each Receipt this Period **10000**

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)  
**A. Bradley Richards**  
Mailing Address 15444 Durham Way E  
City Granger State IN Zip Code 46530-8752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hi Spec Wheel and Tire, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11AI-58-80-c**  
Amount of Each Receipt this Period 1000  
Political Contribution

Full Name (Last, First, Middle Initial)  
**B.**  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶ 275500.00

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. Capital Cornered, LLC**

Mailing Address 36 Warren Street  
Suite 2

City Arlington State MA Zip Code 02474-5232

Purpose of Disbursement  
For fundraising consulting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2012

**Transaction ID : SB21B-51-67-e**

Amount of Each Disbursement this Period

7000

Full Name (Last, First, Middle Initial)

**B. Indiana Values, Inc.**

Mailing Address 1401 K Street NW  
Suite 600

City Washington State DC Zip Code 20005-3410

Purpose of Disbursement  
Inkind: In-Kind broadcast TV media buy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : SB21B-46-61-i**

Amount of Each Disbursement this Period

67000

Full Name (Last, First, Middle Initial)

**C. Indiana Values, Inc.**

Mailing Address 1401 K Street NW  
Suite 600

City Washington State DC Zip Code 20005-3410

Purpose of Disbursement  
Inkind: In-Kind broadcast TV media buy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : SB21B-46-93-i**

Amount of Each Disbursement this Period

70000

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

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

144000.00

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 1913 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-1105

Purpose of Disbursement  
Service Charge

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-4-89-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Duggan O'Rourke**

Mailing Address 8470 Allison Pointe Boulevard  
Suite 100

City Indianapolis State IN Zip Code 46250-4368

Purpose of Disbursement  
Administrative/Salary/Overhead: Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B-36-90-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Advocay Animation**

Mailing Address 4400 Edmunds Street NW  
Suite 300

City Washington State DC Zip Code 20007-1117

Purpose of Disbursement  
Website development

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: Retire Debt -

Date of Disbursement

/  /

**Transaction ID : SB21B-60-82-e**

Amount of Each Disbursement this Period

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

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

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 1913 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-1105

Purpose of Disbursement  
Service Charge

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

**Transaction ID : SB21B-4-83-e**

Amount of Each Disbursement this Period

3

Full Name (Last, First, Middle Initial)

**B. Raffa PC**

Mailing Address 1899 L Street NW Suite 900

City Washington State DC Zip Code 20036-3849

Purpose of Disbursement  
Accounting

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : SB21B-28-84-e**

Amount of Each Disbursement this Period

7004

Full Name (Last, First, Middle Initial)

**C. Dickstein Shapiro**

Mailing Address 1825 I Street NW

City Washington State DC Zip Code 20006-5403

Purpose of Disbursement  
Legal fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Retire Debt -

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2012

**Transaction ID : SB21B-24-46-e**

Amount of Each Disbursement this Period

7829.03

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

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

14836.03

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. Dickstein Shapiro**

Mailing Address 1825 I Street NW

City Washington State DC Zip Code 20006-5403

Purpose of Disbursement  
Legal fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-24-78-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Dickstein Shapiro**

Mailing Address 1825 I Street NW

City Washington State DC Zip Code 20006-5403

Purpose of Disbursement  
Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-24-85-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Raffa PC**

Mailing Address 1899 L Street NW  
Suite 900

City Washington State DC Zip Code 20036-3849

Purpose of Disbursement  
Accounting Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-28-74-e**

Amount of Each Disbursement this Period

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

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

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. Virtual Office by Design**

Mailing Address 8520 Allison Pointe Boulevard

City Indianapolis State IN Zip Code 46250-5700

Purpose of Disbursement  
Indiana Office fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-61-86-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Duggan O'Rourke**

Mailing Address 8470 Allison Pointe Boulevard  
Suite 100

City Indianapolis State IN Zip Code 46250-4368

Purpose of Disbursement  
Administrative/Salary/Overhead: Rent

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-36-91-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Knoxly, LLC**

Mailing Address 4322 Harding Pike  
Suite 417

City Nashville State TN Zip Code 37205-2664

Purpose of Disbursement  
Website Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B-31-88-e**

Amount of Each Disbursement this Period

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

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

**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)

<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	<input type="checkbox"/> 30b

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 Values SuperPAC Inc**

Full Name (Last, First, Middle Initial)

**A. Orpheus LLC**

Mailing Address 2000 L Street NW  
Suite 522

City Washington State DC Zip Code 20036-4932

Purpose of Disbursement  
Administrative/Salary/Overhead: Research

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Retire Debt -

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-27-87-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Indiana Values SuperPAC Inc**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dickstein Shapiro</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Legal fees
Mailing Address 1825 I Street NW	
City State Zip Code Washington DC 20006-5403	

Outstanding Balance Beginning This Period <input type="text" value="12045.65"/>	<b>Transaction ID : SD10-DEBT78</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="12045.65"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Raffa PC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Accounting Services
Mailing Address 1899 L Street NW Suite 900	
City State Zip Code Washington DC 20036-3849	

Outstanding Balance Beginning This Period <input type="text" value="4513.6"/>	<b>Transaction ID : SD10-DEBT74</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="4513.6"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Indiana Values SuperPAC Inc</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00509083
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rick Reed Media</b>		Date MM / DD / YYYY <b>04 / 24 / 2012</b>
Mailing Address <b>2601A Wilson Boulevard</b>		Amount <b>125000</b>
City <b>Arlington</b>	State <b>VA</b>	
Zip Code <b>22201-3817</b>	<b>Transaction ID : 49</b>	
Purpose of Expenditure <b>Broadcast TV Media Ad</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>IN</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Richard E Mourdock</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>322607.62</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Rick Reed Media</b>		Date MM / DD / YYYY <b>04 / 25 / 2012</b>
Mailing Address <b>2601A Wilson Boulevard</b>		Amount <b>18000</b>
City <b>Arlington</b>	State <b>VA</b>	
Zip Code <b>22201-3817</b>	<b>Transaction ID : 52</b>	
Purpose of Expenditure <b>Cable TV Media Ad</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>IN</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Richard E Mourdock</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>322607.62</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>143000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Andrew Klingenstein*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 10 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Indiana Values SuperPAC Inc</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00509083         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Rick Reed Media</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">05 / 01 / 2012</span> </div>		
Mailing Address    2601A Wilson Boulevard	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40000</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Arlington</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22201-3817</td> </tr> </table>		City Arlington	State VA
City Arlington	State VA	Zip Code 22201-3817	
Purpose of Expenditure Broadcast TV Ad	Category/Type <span style="border: 1px solid black; padding: 0 20px;"> </span>	Office Sought: <input type="checkbox"/> House    State: IN <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Richard E Mourdock		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">322607.62</span> </span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </div>		
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> </table>		City	State
City	State	Zip Code	
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 0 20px;"> </span>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40000.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">183000.00</span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Andrew Klingenstein*  
 Signature [Electronically Filed] Date 07 / 10 / 2012