

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>BELIEVE IN INDIANA</b>		3. FEC Identification Number <b>C</b> C90013541
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 150 W. MARKET STREET SUITE 805		
(c) City, State and ZIP Code INDIANAPOLIS IN 46204		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM 

M M	/	D D	/	Y Y Y Y
10		01		2016

THROUGH 

M M	/	D D	/	Y Y Y Y
12		31		2016

6. TOTAL CONTRIBUTIONS.....	288000.00
7. TOTAL INDEPENDENT EXPENDITURES .....	58156.00

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 any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

RIMSANS, PETE, , ,

RIMSANS, PETE, , ,

01/24/2017

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)  
BELIEVE IN INDIANA

<b>A. Full Name (Last, First, Middle Initial)</b> IN STATE BUILDING AND CONSTRUCTION TRADES COUNCIL LEGISLATIVE FUND			Date of Receipt 10 / 18 / 2016 <b>Transaction ID : F56.000001</b>		
Mailing Address 1701 W. 18TH STREET			Amount of Each Receipt this Period 10000.00		
City INDIANAPOLIS	State IN	Zip Code 46202	<b>Transaction ID : F56.000001</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 10000.00		
Name of Employer N/A			Occupation N/A		

<b>B. Full Name (Last, First, Middle Initial)</b> IBEW LOCAL UNION NO. 697 PAC			Date of Receipt 10 / 11 / 2016 <b>Transaction ID : F56.000002</b>		
Mailing Address 7200 MISSISSIPPI STREET SUITE 200			Amount of Each Receipt this Period 3000.00		
City MERRILLVILLE	State IN	Zip Code 46410	<b>Transaction ID : F56.000002</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 3000.00		
Name of Employer N/A			Occupation N/A		

<b>C. Full Name (Last, First, Middle Initial)</b> FUND TO PROTECT WORKING HOOSIERS			Date of Receipt 10 / 11 / 2016 <b>Transaction ID : F56.000003</b>		
Mailing Address P.O. BOX 80582			Amount of Each Receipt this Period 225000.00		
City FORT WAYNE	State IN	Zip Code 46898	<b>Transaction ID : F56.000003</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 225000.00		
Name of Employer N/A			Occupation N/A		

<b>D. Full Name (Last, First, Middle Initial)</b> SMW LOCAL 20 POLITICAL EXPENDITURE FUND			Date of Receipt 10 / 17 / 2016 <b>Transaction ID : F56.000004</b>		
Mailing Address P.O. BOX 20530			Amount of Each Receipt this Period 50000.00		
City INDIANAPOLIS	State IN	Zip Code 46220	<b>Transaction ID : F56.000004</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50000.00		
Name of Employer N/A			Occupation N/A		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	288000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	288000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
BELIEVE IN INDIANA

Full Name (Last, First, Middle Initial) of Payee TERRIS BARNES WALTERS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 400 MONTGOMERY STREET SUITE 700		Amount 58156.00	
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : F57.000001
Purpose of Expenditure MAIL PROGRAM	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 58156.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	58156.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	58156.00