

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

Office Use Only 6 AM 10-25

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FB4M5 FEC MAIL CENTER**

STAR Financial Bank PAC

ADDRESS (number and street) 127 West Berry Street

Fort Wayne IN 46802

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00366633

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period **04** / **01** / **2012** through **06** / **30** / **2012**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen F. Gregerson

Signature of Treasurer *Karen F. Gregerson* Date **07** / **09** / **2012**

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

120308742698

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
STAR Financial Bank PAC

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="18,334.52"/>	<input type="text" value="18,334.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12,370.02"/>	<input type="text" value="12,370.02"/>
(c) Total Receipts (from Line 19)	<input type="text" value="3,065.00"/>	<input type="text" value="5,832.50"/>
(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="15,435.02"/>	<input type="text" value="24,167.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3,250.00"/>	<input type="text" value="11,982.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12,185.02"/>	<input type="text" value="12,185.02"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<input type="text" value=""/>

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

Write or Type Committee Name
STAR Financial Bank PAC

Report Covering the Period: From:

MEM	DD	YYYY
04	01	2012

 To:

MEM	DD	YYYY
06	30	2012

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).....	680.00	680.00
(ii) Unitemized.....	2,385.00	5,152.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,065.00	5,832.50
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,065.00	5,832.50
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,065.00	5,832.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,065.00	5,832.50

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DETAILED SUMMARY PAGE
of Disbursements

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3,250.00	11,982.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,250.00	11,982.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,250.00	11,982.00

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DETAILED SUMMARY PAGE
of Disbursements

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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)	3,065.00	5,832.50
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,065.00	5,832.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
STAR Financial Bank PAC

Full Name (Last, First, Middle Initial) A. Marcuccilli, Thomas M.		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 10618 Indian Ridge Drive		Amount of Each Receipt this Period 120.00
City Fort Wayne, IN 46814	State Zip Code	
FEC ID number of contributing federal political committee. C	Occupation	Aggregate Year-to-Date ▼ 260.00
Name of Employer STAR Financial Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Beck, Richard E.		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address P.O. Box 9675		Amount of Each Receipt this Period 140.00
City Fort Wayne, IN 46899	State Zip Code	
FEC ID number of contributing federal political committee. C	Occupation Banker	Aggregate Year-to-Date ▼ 260.00
Name of Employer STAR Financial Bank		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marcuccilli, James C.		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 534 Chestnut Forest Cove		Amount of Each Receipt this Period 140.00
City Fort Wayne, IN 46814	State Zip Code	
FEC ID number of contributing federal political committee. C	Occupation Banker	Aggregate Year-to-Date ▼ 260.00
Name of Employer STAR Financial Bank		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

400.00

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

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

STAR Financial Bank PAC

Full Name (Last, First, Middle Initial)

A. Wingrove, William R.

Mailing Address

7111 Koldyke Drive

City State Zip Code

Fishers, IN 46038

FEC ID number of contributing federal political committee.

C

Name of Employer

STAR Financial Bank

Occupation

Banker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2012

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. Wright, Thomas W.

Mailing Address

8669 Key Harbour Drive

City State Zip Code

Indianapolis, IN 46236

FEC ID number of contributing federal political committee.

C

Name of Employer

STAR Financial Bank

Occupation

Banker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2012

Amount of Each Receipt this Period

140.00

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).....▶

280.00

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

680.00

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**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
STAR Financial Bank PAC

Full Name (Last, First, Middle Initial)

A. David Long for State Senate

Date of Disbursement

MM	DD	YYYY
04	12	2012

Mailing Address

7100 W. Jefferson Blvd.

City **Fort Wayne, IN** 46804 State Zip Code

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Hoosiers for Travis Holdman

Date of Disbursement

MM	DD	YYYY
04	12	2012

Mailing Address

7617 W. Jefferson Blvd.

City **Fort Wayne, IN** 46804 State Zip Code

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Phil GiaQuinta for State Representative

Date of Disbursement

MM	DD	YYYY
05	17	2012

Mailing Address

4311 Old Mill Road

City **Fort Wayne, IN** 46807 State Zip Code

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

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

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

1,500.00

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

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**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)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

STAR Financial Bank PAC

Full Name (Last, First, Middle Initial)

A. Northeast Indiana Advocates LLC

Date of Disbursement

MEM	DEB	YYYYYY
05	22	2012

Mailing Address

6714 Pointe Inverness Way, Suite 115A

City State Zip Code

Fort Wayne, IN 46804

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

750.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

B. Indiana Business for Responsive Government

Date of Disbursement

MEM	DEB	YYYYYY
06	11	2012

Mailing Address

115 W. Washington Street, Suite 850S

City State Zip Code

Indianapolis, IN 46204

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

MEM	DEB	YYYYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

1,750.00

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

3,250.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

12030842707

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/13/12</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i>	<i>7/16/12</i>
PREPARER	DATE PREPARED