

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Believe in Indiana		3. FEC Identification Number C C90013541
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1701 W 18th Street		
(c) City, State and ZIP Code Indianapolis IN 46202		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL 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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Pete Rimsans	<i>Pete Rimsans</i>	10/29/2012

[Electronically Filed]

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

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**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

A. Full Name (Last, First, Middle Initial) Laborers' Political League Education Fund			Date of Receipt 10 / 23 / 2012		
Mailing Address 905 16th Street, NW			Transaction ID : F56.000005		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20006	100000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Indiana State BCTC Legislative Fund			Date of Receipt 10 / 24 / 2012		
Mailing Address 1701 W. 18th Street			Transaction ID : F56.000006		
City	State	Zip Code	Amount of Each Receipt this Period		
Indianapolis	IN	46202	10000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) IUOE Local 181			Date of Receipt 10 / 25 / 2012		
Mailing Address 700 North Elm Street, P.O. Box 34			Transaction ID : F56.000007		
City	State	Zip Code	Amount of Each Receipt this Period		
Henderson	KY	42420	2000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial) Sheet Metal Workers Local 20 Political Expenditure Fund			Date of Receipt 10 / 26 / 2012		
Mailing Address P.O. Box 20530			Transaction ID : F56.000008		
City	State	Zip Code	Amount of Each Receipt this Period		
Indianapolis	IN	46220	25000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	137000.00
TOTAL This Period (last page carry total to Line 6) ▶	[]

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Believe in Indiana

A. Full Name (Last, First, Middle Initial) IBEW Local Union 855			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012		
Mailing Address 4601 S. Meeker Avenue			Transaction ID : F56.000009		
City	State	Zip Code	Amount of Each Receipt this Period		
Muncie	IN	47302	2500.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	C		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	C		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	C		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page carry total to Line 6) ▶	176500.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Believe in Indiana

Full Name (Last, First, Middle Initial) of Payee WiredMedia		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 8999 E. Vassar Ave.		Amount 97500.00 Transaction ID : F57.000001
City Denver	State CO	
Zip Code 80231	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Broadcast TV		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Mourdock		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 284976.00		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	97500.00
(carry total from last page forward to Line 7)		