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2012 NOV 28 AM 10:32

FEC MAIL CENTER

Indian Americans For Freedom
363 St Paul Blvd
Carol Stream, IL 60188

November 27, 2012

To,

Federal Election Commission
999 E Street, NW
Washington DC 20463

Re: Request for FEC Identification # and FEC Form 5 Report attached

Dear Sir/Madam,

Please be informed that there was an Indian Americans For Freedom 527 Committee that was formed on 8/15/2012 and terminated on 9/9/2012 with no activity. Its Committee number was C00528729.

Subsequently, a 501 c(4) nonprofit social welfare corporation was formed on 10/2/2012 with the same name, Indian Americans For Freedom, for which we need an FEC Identification number.

Please assign an FEC Identification number for the new corporation.

Secondly, please find attached the first FEC Form 5 Report. We intend to file the year-end report by January 31, 2013.

Sincerely,



Alka Tyle

12030954789

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <i>Not for Profit C4 Applicant</i> INDIAN AMERICANS FOR FREEDOM, NFPC		3. FEC Identification Number FIRSTTIME FILER C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 363 ST. PAUL BLVD. (KUALITY OFFICE)		
(c) City, State and ZIP Code CARDL STREAM, IL 60188		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" 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 **(BUT 2ND ATTEMPT)**

5. COVERING PERIOD: FROM

M M ' D D ' Y Y Y Y
10 ' 18 ' 2012

THROUGH

M M ' D D ' Y Y Y Y
11 ' 04 ' 2012

6. TOTAL CONTRIBUTIONS 46.50 ⁰⁰/₁₀₀

7. TOTAL INDEPENDENT EXPENDITURES 46.50 ⁰⁰/₁₀₀

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
<u>ALKA TYLÉ</u>	<u>* ALKA TYLÉ</u>	<u>11/22/12</u>

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

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**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 2 OF 3

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)
INDIAN AMERICANS FOR FREEDOM, NFPC

A. Full Name (Last, First, Middle Initial) SHALABH KUMAR		Date of Receipt
Mailing Address 20660 WEATHERSTONE		M M / D D / Y Y Y Y 10 / 17 / 2012
City KILDEER	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C N/A		Amount of Each Receipt this Period 46.50 ⁰⁰/₁₀₀
Name of Employer AVG		Occupation CEO

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

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

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

SUBTOTAL of Receipts This Page (optional)	46.50 ⁰⁰/₁₀₀
TOTAL This Period (last page carry total to Line 6)	46.50 ⁰⁰/₁₀₀

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (in Full)
INDIAN AMERICANS FOR FREEDOM, NFPC

Full Name (Last, First, Middle Initial) of Payee <i>AWESOME CAMPAIGNS</i>		Date <i>10 29 2012</i>
Mailing Address <i>1220 ST. CHARLES STREET</i>		Amount <i>23.00</i> ⁰⁰ / ₁₀₀
City <i>ELGIN</i>	State <i>IL</i>	
Purpose of Expenditure <i>YARD SIGNS</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JOE WALSH</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>23.00</i> ⁰⁰ / ₁₀₀		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>AWESOME CAMPAIGNS</i>		Date <i>10 30 2012</i>
Mailing Address <i>1220 ST. CHARLES STREET</i>		Amount <i>23.50</i> ⁰⁰ / ₁₀₀
City <i>ELGIN</i>	State <i>IL</i>	
Purpose of Expenditure	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>JOE WALSH</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>46.50</i> ⁰⁰ / ₁₀₀		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
Mailing Address		Amount
City	State	
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) SUBTOTAL of Itemized Independent Expenditures.....	<i>46.50</i> ⁰⁰ / ₁₀₀
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>46.50</i> ⁰⁰ / ₁₀₀

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
11/27/14
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Chm
 PREPARER

11/25/14
 DATE PREPARED

12030954793