

# 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  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  28500.00

7. TOTAL INDEPENDENT EXPENDITURES .....  49500.00

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
PETE RIMSANS	PETE RIMSANS <i>[Electronically Filed]</i>	07/13/2016

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> FUND TO PROTECT WORKING HOOSIERS			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 <b>Transaction ID : F56.000001</b>		
Mailing Address PO BOX 80582			Amount of Each Receipt this Period 25000.00		
City FORT WAYNE	State IN	Zip Code 46898			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> NORTHWESTERN INDIANA BUILDING & CONSTRUCTION TRADES COUNCIL PAC			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2016 <b>Transaction ID : F56.000002</b>		
Mailing Address 550 SUPERIOR AVENUE SUITE B			Amount of Each Receipt this Period 1000.00		
City MUNSTER	State IN	Zip Code 46321			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b> IBEW LOCAL UNION #725 POLITICAL FUND			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : F56.000003</b>		
Mailing Address 5675 E. HULMAN DR.			Amount of Each Receipt this Period 2500.00		
City TERRE HAUTE	State IN	Zip Code 47803			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	28500.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	28500.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
BELIEVE IN INDIANA

Full Name (Last, First, Middle Initial) of Payee STRATEGIC ELEMENTS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016	
Mailing Address 650 S PRAIRIE VIEW DRIVE STE 205		Amount 49500.00	
City WEST DES MOINES	State IA	Zip Code 50266	Transaction ID : F57.000001
Purpose of Expenditure MAIL PROGRAM	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: BRENT WALTZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 49500.00		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 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) SUBTOTAL of Itemized Independent Expenditures.....	▶	49500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	49500.00