

**HALL
RENDER**
KILLIAN HEATH & LYMAN

Professional Corporation
One American Square, Suite 2000
Box 82064, Indianapolis, IN 46282
www.hallrender.com

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2013 OCT 17 AM 8:26

FEC MAIL CENTER

John F. Williams
(317) 977-1462
JWilliams@hallrender.com

October 2, 2013

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED 7007 0710 0000 0812 9910

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

To Whom It May Concern:

Enclosed please find FED Form 1, Statement of Organization for Hall, Render, Killian, Heath & Lyman Employee Political Action Committee a/k/a HallWay PAC – Federal.

If you have any questions, or need additional information, please do not hesitate to contact me.

Sincerely,

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.



John F. Williams

13031130894

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Hall Render Killian Heath & Lyman Employee Political Action Committee a/k/a HallWay PAC - Federal

ADDRESS (number and street) One American Square, Suite 2000

[] (Check if address is changed)

Indianapolis IN 46282

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

jjwilliams@hallrender.com

[] (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed)

2. DATE 09^M / 25^D / 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [] AMENDED (A)

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

Type or Print Name of Treasurer Jerimi J. Ullom

Signature of Treasurer [Handwritten Signature]

Date 10 / 02 / 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

13031130896

Write or Type Committee Name

Hall Render Killian Heath & Lyman Employee Political Action Committee a/k/a HallWay PAC - Federal

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Hall Render Killian Heath & Lyman PC

Mailing Address

One American Square, Suite 2000

Indianapolis IN 46282

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

John F. Williams, III

Mailing Address

Hall, Render, Killian, Heath, & Lyman, P.C.

One American Square, Suite 2000

Indianapolis IN 46282

Title or Position CITY STATE ZIP CODE

Shareholder Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Jerimi J. Ullom

Mailing Address

Hall, Render, Killian, Heath & Lyman, P.C.

One American Square, Suite 2000

Indianapolis IN 46282

CITY STATE ZIP CODE

Title or Position

Shareholder Telephone number

13031130897

Full Name of Designated Agent

John F. Williams, III

Mailing Address

Hall, Render, Killian, Heath & Lyman, P.C.

One American Square, Suite 2000

Indianapolis

IN

46219

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

National Bank of Indianapolis

Mailing Address

47 S. Pennsylvania, Suite 100

Indianapolis

IN

46204

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031130898

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MAIL

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<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

J3
 PREPARER *10/17/2013*
DATE PREPARED