

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

15 OCT 16 PM 1:35

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Evan Bayh Committee

ADDRESS (number and street) 850 Fort Wayne Ave Indianapolis IN 46204

2. FEC IDENTIFICATION NUMBER C C00306860 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 01 2015 through M M / D D / Y Y Y Y Y Y 09 30 2015

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 Dennis Charles

Signature of Treasurer Dennis Charles Date M M / D D / Y Y Y Y Y Y 10 13 2015

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3 (Revised 02/2003)

201510140200255993

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Evan Bayh Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))..	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	7000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..	0.00	-7000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	8462.91	287930.15
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	6341.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..	8462.91	281588.87
8. Cash on Hand at Close of Reporting Period (from Line 27)...	9395863.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

201510140200255994

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 9

Write or Type Committee Name

Evan Bayh Committee

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y	Y	Y	Y
2015					

 To:

M	M
09	

 /

D	D
30	

 /

Y	Y	Y	Y	Y	Y
2015					

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A)...

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions from individuals

0.00

0.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

0.00

6341.28

15. OTHER RECEIPTS (Dividends, Interest, etc.)

-610233.54

-151070.04

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

-610233.54

-144728.76

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	8462.91	287930.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	7000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	7000.00
21. OTHER DISBURSEMENTS...	4000.00	428747.78
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12462.91	723677.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	10018559.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	-610233.54
25. SUBTOTAL (add Line 23 and Line 24)...	9408326.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	12462.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	9395863.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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)
Evan Bayh Committee

A. Full Name (Last, First, Middle Initial)
Raymond James & Associates Inc.

Mailing Address 800 Carillon Pkwy

City St Petersburg	State FL	Zip Code 33716-1102
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
-152715.61

Date of Receipt
 MM / DD / YYYY
 07 / 31 / 2015

Transaction ID : C10092486

Amount of Each Receipt this Period
-104879.08

B. Full Name (Last, First, Middle Initial)
Raymond James & Associates Inc.

Mailing Address 800 Carillon Pkwy

City St Petersburg	State FL	Zip Code 33716-1102
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
-152715.61

Date of Receipt
 MM / DD / YYYY
 08 / 31 / 2015

Transaction ID : C10092487

Amount of Each Receipt this Period
-184809.88

C. Full Name (Last, First, Middle Initial)
Raymond James & Associates Inc.

Mailing Address 800 Carillon Pkwy

City St Petersburg	State FL	Zip Code 33716-1102
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
-152715.61

Date of Receipt
 MM / DD / YYYY
 09 / 30 / 2015

Transaction ID : C10092488

Amount of Each Receipt this Period
-320544.58

SUBTOTAL of Receipts This Page (optional).....	-610233.54
TOTAL This Period (last page this line number only).....	-610233.54

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Evan Bayh Committee

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement
Mailing Address 942 S Shady Grove Rd		MM / DD / YYYY 07 / 30 / 2015
City Memphis	State TN	Zip Code 38119
Purpose of Disbursement shipping	Category/ Type	Amount of Each Disbursement this Period 22.98
Candidate Name	Transaction ID : D514679	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Indiana Department of Revenue		Date of Disbursement
Mailing Address 100 N Senate Ave Indiana Government Ctr		MM / DD / YYYY 08 / 12 / 2015
City Indianapolis	State IN	Zip Code 46204-2273
Purpose of Disbursement income tax	Category/ Type	Amount of Each Disbursement this Period 6947.00
Candidate Name	Transaction ID : D514678	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement
Mailing Address 1101 15th St NW Ste 500		MM / DD / YYYY 09 / 04 / 2015
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement database software	Category/ Type	Amount of Each Disbursement this Period 600.00
Candidate Name	Transaction ID : D514680	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7569.98
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Evan Bayh Committee

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 600.00 Transaction ID : D514673
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement database software	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Evan Bayh		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 3310 N St NW		Amount of Each Disbursement this Period 292.93 Transaction ID : D514674
City Washington	State DC Zip Code 20007	
Purpose of Disbursement Travel reimbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. JW Marriott		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 10 S. West Street		Amount of Each Disbursement this Period 267.93 Transaction ID : D514676 [MEMO ITEM]
City Indianapolis	State IN Zip Code 46204	
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	892.93
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Evan Bayh Committee

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 25.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel	Transaction ID : D514675
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Transaction ID
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Transaction ID
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	8462.91

201510140200256000

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Evan Bayh Committee

Full Name (Last, First, Middle Initial) A. Kaine for Virginia		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1515 Confederate Ave		Amount of Each Disbursement this Period 2000.00
City Richmond	State VA Zip Code 23227-4405	
Purpose of Disbursement contribution	Category/Type	Transaction ID : D514677
Candidate Name TIMOTHY MICHAEL KAINE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Shelli Yoder of Indiana		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address PO Box 6654		Amount of Each Disbursement this Period 2000.00
City Bloomington	State IN Zip Code 47407	
Purpose of Disbursement contribution	Category/Type	Transaction ID : D514681
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

201510140200256001

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201510140200256002

United States Senate

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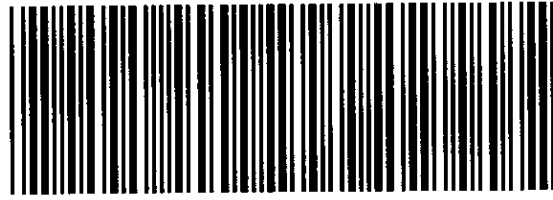
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DATE PREPARED

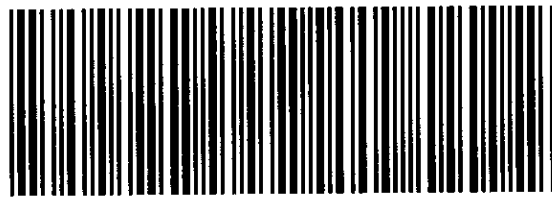
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SEN PATCH

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