

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Ice Miller PAC

ADDRESS (number and street)   
  
Check if different than previously reported. (ACC)  IN

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 John M. Daniels

Signature of Treasurer John M. Daniels [Electronically Filed] Date  /  /

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								<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ice Miller PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="17004.99"/>	<input type="text" value="17004.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44641.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42356.01"/>	<input type="text" value="82992.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86997.79"/>	<input type="text" value="99997.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26000.00"/>	<input type="text" value="39000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60997.79"/>	<input type="text" value="60997.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Ice Miller PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41781.04	78414.79
(ii) Unitemized .....	574.97	4578.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42356.01	82992.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42356.01	82992.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42356.01	82992.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42356.01	82992.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	39000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26000.00	39000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	39000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42356.01	82992.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42356.01	82992.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Ice Miller PAC**

**A. Mr. Anthony Aaron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6517**  
 Amount of Each Receipt this Period  
 250.02  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Mr. Wayne O. Adams III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6519**  
 Amount of Each Receipt this Period  
 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Bruce Agin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W. Madison Street  
 Suite 3500  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6520**  
 Amount of Each Receipt this Period  
 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Kevin M. Alerding**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6521**

Amount of Each Receipt this Period  
252.00  
\$42.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Adam Arceneaux**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6522**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Randall Arndt**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6523**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1002.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Mr. Robin Babbitt**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6524**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Holiday Banta**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6525**

Amount of Each Receipt this Period  
125.04  
\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. William Barath**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6526**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.10

**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Phillip L. Bayt**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1018.34

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6527**

Amount of Each Receipt this Period  
510.00  
\$85.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. Paul Bittner**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6528**

Amount of Each Receipt this Period  
500.04  
\$483.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Michael Blickman**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6529**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1510.08

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Michael Boldt**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6530

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Kristine Bouaichi**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6531

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Mary Beth Braitman**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6533

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.10

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Jenifer Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6534**  
 Amount of Each Receipt this Period  
 250.02  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Michael Buker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6535**  
 Amount of Each Receipt this Period  
 250.02  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. John Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W. Madison Street  
 Suite 3500  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6536**  
 Amount of Each Receipt this Period  
 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Adam Calisoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 West Madison  
Suite 3500

City Chicago State IL Zip Code 60606

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6537**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Timothy Capen**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6636**

Amount of Each Receipt this Period  
125.04  
\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**C. David Carr**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6540**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Joshua L. Christie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6637**  
 Amount of Each Receipt this Period 250.08  
 \$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Troy Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6541**  
 Amount of Each Receipt this Period 125.04  
 \$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Paul Corsaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6638**  
 Amount of Each Receipt this Period 250.08  
 \$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael Cracraft**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.76

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6639**

Amount of Each Receipt this Period  
250.08

\$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**B. Brian Crist**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6542**

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Tyson Crist**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6641**

Amount of Each Receipt this Period  
125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Corey Crognale**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 63215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6642

Amount of Each Receipt this Period  
120.00

\$10.00 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Terri A. Czajka**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6543

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Jeffrey Dack**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6544

Amount of Each Receipt this Period  
120.00

\$20.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 740.04

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Gary Dankert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6545**  
 Amount of Each Receipt this Period  
**500.04**  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Kristine Danz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6539**  
 Amount of Each Receipt this Period  
**250.02**  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. James Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 West Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6546**  
 Amount of Each Receipt this Period  
**500.04**  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Matthew DeLaruelle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **229.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6547**  
 Amount of Each Receipt this Period  
 125.04  
 \$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Patrick Devine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 West Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6643**  
 Amount of Each Receipt this Period  
 125.04  
 \$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**C. Thomas Dimond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W. Madison Street  
 Suite 3500  
 City Chicago State IL Zip Code 60606-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6644**  
 Amount of Each Receipt this Period  
 250.08  
 \$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Aaron J. Dixon**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6548**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Gregory Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6549**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Tamatha A. Earnhart**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6550**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.08

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Henry Efroymsen**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6551

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Mark Ford**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6555

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Matthew Fornshell**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6556

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Steven Forry**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6645**

Amount of Each Receipt this Period  
 125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Sarah Funke**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **958.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6557**

Amount of Each Receipt this Period  
 500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Bonnie Gallivan**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6558**

Amount of Each Receipt this Period  
 500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1125.12</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. George Gasper**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6559**

Amount of Each Receipt this Period  
125.04

\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Robert Gauss**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6560**

Amount of Each Receipt this Period  
450.00

\$75.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**c. Philip C. Genetos**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6561**

Amount of Each Receipt this Period  
499.98

\$83.33 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.02

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary Geswein**

Mailing Address **Arena District, 250 West Street  
Suite 700**

City **Columbus** State **OH** Zip Code **43215**

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

Name of Employer **Ice Miller LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.16**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**Transaction ID : SA11AI.6646**

Amount of Each Receipt this Period  

250.08
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**\$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31**

Full Name (Last, First, Middle Initial)  
**B. Roger Gilcrest**

Mailing Address **250 West Street**

City **Columbus** State **IN** Zip Code **46282-0200**

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

Name of Employer **Ice Miller LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**Transaction ID : SA11AI.6647**

Amount of Each Receipt this Period  

125.04
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**\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31**

Full Name (Last, First, Middle Initial)  
**c. John Gilligan**

Mailing Address **250 West Street**

City **Columbus** State **OH** Zip Code **43215**

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

Name of Employer **Ice Miller LLLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**Transaction ID : SA11AI.6562**

Amount of Each Receipt this Period  

250.02
--------

**\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>625.14</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Harry Gonso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6564**  
 Amount of Each Receipt this Period  
**500.04**  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Jeremy Grayem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 West Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6650**  
 Amount of Each Receipt this Period  
**125.04**  
 \$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**C. John R. Hammond III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6566**  
 Amount of Each Receipt this Period  
**500.04**  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1125.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Melanie Harris**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6567**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. Clayton Heil**

Mailing Address 20 F Street N.W.  
Suite 850

City Washington State DC Zip Code 20001

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

Name of Employer Ice Miller Strategies LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6568**

Amount of Each Receipt this Period  
416.65

\$83.33 monthly: 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Jane Herndon**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6570**

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1166.71
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. David Hight**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Cabot Drive  
Suite 455

City State Zip Code  
Lisle IL 60532

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6572**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Richard Holz**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City State Zip Code  
Columbus OH 43215

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6573**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Mitchell Hopwood**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City State Zip Code  
Indianapolis IN 46282

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

Name of Employer Occupation  
Ice Miller LLP Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.16

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6634**

Amount of Each Receipt this Period  
250.08

\$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.12

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Steven K. Humke**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6574**

Amount of Each Receipt this Period  
750.00

\$125.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. Thomas A. John**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6575**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Paul Jones**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6576**

Amount of Each Receipt this Period  
42.00

\$42.00 monthly: 7/7/15. No longer with Firm.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1042.02

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Steven Jones**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6651**

Amount of Each Receipt this Period  
 120.00

\$10.00 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**B. Michael Jordan**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6577**

Amount of Each Receipt this Period  
 250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Mr. Tyler Kalachnik**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6652**

Amount of Each Receipt this Period  
 125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Josef Keglewitsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.6578

Amount of Each Receipt this Period 125.04

\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Kevin R. Knight**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.6579

Amount of Each Receipt this Period 500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Angela Krahulik**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.6580

Amount of Each Receipt this Period 125.04

\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.12

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Jay Krasovec**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Superior Avenue East

City Cleveland State OH Zip Code 44114

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6653**

Amount of Each Receipt this Period 126.00

\$10.50 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Steven Krohne**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6581**

Amount of Each Receipt this Period 249.99

\$83.33 monthly: 10/7; 11/6; 12/7/15

**C. Mary Larimore**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 3100

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney-at-Law

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6583**

Amount of Each Receipt this Period 500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional).....▶ 876.03

**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Lisa Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6584**  
 Amount of Each Receipt this Period  
 250.02  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. T. Earl LeVere**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 West Street  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6654**  
 Amount of Each Receipt this Period  
 125.04  
 \$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**C. Jeffrey Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6587**  
 Amount of Each Receipt this Period  
 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>875.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael Lieber**

Mailing Address 200 W. Madison Street  
Suite 3500

City Chicago State IL Zip Code 60606

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6656**

Amount of Each Receipt this Period  
84.00

\$21.00 twice monthly: 7/15; 7/31; 8/14; 8/31- no longer with Firm

Full Name (Last, First, Middle Initial)  
**B. Albert G. Lin**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6657**

Amount of Each Receipt this Period  
500.04

\$41.67 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**C. Philip McKiernan**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6658**

Amount of Each Receipt this Period  
249.96

\$20.83 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 834.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Jason A. McNeil**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6659**

Amount of Each Receipt this Period  
249.96

\$20.83 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Michael Melliere**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6588**

Amount of Each Receipt this Period  
600.00

\$100.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Kimberly C. Metzger**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6589**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1099.98
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Christopher Miller**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6660**

Amount of Each Receipt this Period  
 250.08

\$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**B. Michael Millikan**

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6590**

Amount of Each Receipt this Period  
 250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Andrew J. Miroff**

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6591**

Amount of Each Receipt this Period  
 250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.12</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Kevin Murch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 West Street  
City Columbus State OH Zip Code 43215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ice Miller LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6661**  
Amount of Each Receipt this Period **125.04**  
\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Byron Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address One American Square Suite 2900  
City Indianapolis State IN Zip Code 46282  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ice Miller LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6592**  
Amount of Each Receipt this Period **125.04**  
\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Anthony Nimmo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 West Madison Street Suite 3500  
City Chicago State IL Zip Code 60606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ice Miller LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.08**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6593**  
Amount of Each Receipt this Period **500.04**  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... **750.12**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. John Oberle**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6594**

Amount of Each Receipt this Period  
 250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Timothy Ochs**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6595**

Amount of Each Receipt this Period  
 250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Judith Okenfuss**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.6596**

Amount of Each Receipt this Period  
 500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Robert Ouellette**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6597

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. Tom Pampush**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6662

Amount of Each Receipt this Period  
125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**C. Kay E. Pashos**

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6663

Amount of Each Receipt this Period  
249.96

\$20.83 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Todd Ponder**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6598**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Ryan McCabe Poor**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6599**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Victoria Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6600**

Amount of Each Receipt this Period  
375.00  
\$62.50 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.04

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Deborah Pryce**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.16**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : SA11AI.6635**

Amount of Each Receipt this Period **250.08**

\$20.84 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. April Pyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : SA11AI.6601**

Amount of Each Receipt this Period **250.02**

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Mark J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282-0200

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : SA11AI.6603**

Amount of Each Receipt this Period **500.04**

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... **1000.14**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. John Robinett**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6664

Amount of Each Receipt this Period  
125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**B. Phillip Scaletta**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6604

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Robert Schillerstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Cabot Drive Suite 455

City Lisle State IL Zip Code 60532

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6605

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Thomas F. Schnellenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6607**  
 Amount of Each Receipt this Period 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Marc W. Sciscoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6608**  
 Amount of Each Receipt this Period 500.04  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Tara Lynn Sciscoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.6609**  
 Amount of Each Receipt this Period 250.02  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.10
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Ice Miller PAC**

**A. Rebecca Jane Seamands**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.08**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6610**  
 Amount of Each Receipt this Period **500.04**  
 \$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Christopher Sears**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6611**  
 Amount of Each Receipt this Period **250.02**  
 \$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Myra Selby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.6612**  
 Amount of Each Receipt this Period **125.04**  
 \$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... **875.10**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Tiffany Sharpley**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6613**

Amount of Each Receipt this Period  
150.00

\$50.00 monthly: 7/7; 8/7; 9/8. No longer with Firm.

Full Name (Last, First, Middle Initial)  
**B. Mark I. Shublak**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6614**

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Eric Singer**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6615**

Amount of Each Receipt this Period  
125.04

\$20.84 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Richard Smikle**

Mailing Address One American Square  
Suite 2900

City State Zip Code  
Indianapolis IN 46282

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1183.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6616**

Amount of Each Receipt this Period  
600.00

\$100.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. James Snyder**

Mailing Address 2300 Cabot Drive  
Suite 455

City State Zip Code  
Lisle IL 60532

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6618**

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**c. Marilee Springer**

Mailing Address One American Square  
Suite 2900

City State Zip Code  
Indianapolis IN 46282

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6619**

Amount of Each Receipt this Period  
416.70

\$83.34 monthly: 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1516.74

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Dale Stackhouse**

Mailing Address One American Square  
Sutie 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6620**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**B. Alan Starkhoff**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6621**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Daniel Swetnam**

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6622**

Amount of Each Receipt this Period  
250.02  
\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.10

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. John Thornburgh**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6623

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Richard Thrapp**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6624

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Michael Tooley**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
Transaction ID : SA11AI.6625

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Andrew Vento**  
Full Name (Last, First, Middle Initial)

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6628**

Amount of Each Receipt this Period  
120.00  
\$20.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B. Felix Wade**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 West Street

City Columbus State OH Zip Code 43215

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6630**

Amount of Each Receipt this Period  
500.04  
\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**C. Kristopher Wahlers**  
Full Name (Last, First, Middle Initial)

Mailing Address Arena District, 250 West  
Suite 700

City Columbus State OH Zip Code 46312

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6665**

Amount of Each Receipt this Period  
300.00  
\$25.00 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 920.04

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)  
**A. Stephen Washington**

Mailing Address 200 W. Madison Street  
Suite 3500

City Chicago State IL Zip Code 60606

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6666**

Amount of Each Receipt this Period  
125.04

\$10.42 twice monthly: 7/15; 7/31; 8/14; 8/31; 9/15; 9/30; 10/15; 10/30; 11/13; 11/30; 12/15; 12/31

Full Name (Last, First, Middle Initial)  
**B. Philip Whistler**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.08

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6631**

Amount of Each Receipt this Period  
500.04

\$83.34 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

Full Name (Last, First, Middle Initial)  
**C. Katherine A. Winchester**

Mailing Address One American Square  
Suite 2900

City Indianapolis State IN Zip Code 46282

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

Name of Employer Ice Miller LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.6632**

Amount of Each Receipt this Period  
250.02

\$41.67 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.10

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

**A. Michael Wukmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square  
 Suite 2900  
 City Indianapolis State IN Zip Code 46282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ice Miller LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.6633**  
 Amount of Each Receipt this Period  
 600.00  
 \$100.00 monthly: 7/7; 8/7; 9/8; 10/7; 11/6; 12/7/15

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41781.04



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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. ALAMO PAC**

Mailing Address 919 CONGRESS AVENUE  
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
contribution

011

Candidate Name  
**ALAMO PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB23.6669**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BARON HILL FOR INDIANA**

Mailing Address PO BOX 30675

City INDIANAPOLIS State IN Zip Code 46230

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name  
**BARON HILL FOR INDIANA**

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : **SB23.6671**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JOYCE BEATTY**

Mailing Address 1421 TAYLOR CORNERS CIRCLE

City BLACKLICK State OH Zip Code 43004

Purpose of Disbursement  
contribution

011

Candidate Name  
**JOYCE BEATTY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

Transaction ID : **SB23.6683**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES FREDERICK BRIDENSTINE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Mailing Address 8086 SOUTH YALE  
PBM 230

**Transaction ID : SB23.6696**

City TULSA State OK Zip Code 74136

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
voided contribution

011
Category/ Type

Candidate Name

**JAMES FREDERICK BRIDENSTINE**

Office Sought:  House  
 Senate  
 President  
State: OK District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. SHERROD BROWN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Mailing Address 2625 EAST ERIE

**Transaction ID : SB23.6674**

City LORAIN State OH Zip Code 44052

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
contribution

011
Category/ Type

Candidate Name

**SHERROD BROWN**

Office Sought:  House  
 Senate  
 President  
State: OH District: 13

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. SHERROD BROWN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Mailing Address 2625 EAST ERIE

**Transaction ID : SB23.6687**

City LORAIN State OH Zip Code 44052

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
contribution

011
Category/ Type

Candidate Name

**SHERROD BROWN**

Office Sought:  House  
 Senate  
 President  
State: OH District: 13

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00
---------

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
voided contribution

011

Candidate Name  
**FRIENDS OF JOHN MCCAIN INC**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AZ District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SB23.6695

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN THUNE**

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
contribution

011

Candidate Name  
**FRIENDS OF JOHN THUNE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : SB23.6691

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement  
contribution

011

Candidate Name  
**FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: AL District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB23.6679

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. MARCIA L FUDGE**

Mailing Address 26910 EMERY ROAD

City WARRENSVILLE HTS State OH Zip Code 44128

Purpose of Disbursement contribution

011

Candidate Name

**MARCIA L FUDGE**

Category/  
Type

Office Sought:  House  Senate  President  
State: OH District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : **SB23.6690**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GREGG HARPER FOR CONGRESS**

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement contribution

011

Candidate Name

**GREGG HARPER FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
State: MS District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Runoff

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

Transaction ID : **SB23.6681**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DAVID P JOYCE**

Mailing Address 9652 MUSIC ST

City NOVELTY State OH Zip Code 44072

Purpose of Disbursement contribution

011

Candidate Name

**DAVID P JOYCE**

Category/  
Type

Office Sought:  House  Senate  President  
State: OH District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : **SB23.6689**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. MARK STEVEN KIRK**

Mailing Address 275 WHISTLER RD

City State Zip Code  
HIGHLAND PARK IL 60035

Purpose of Disbursement  
contribution

011

Candidate Name

**KIRK FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : SB23.6686

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. ALLEN LUCAS MESSER**

Mailing Address 345 W. BROADWAY ST.

City State Zip Code  
SHELBYVILLE IN 46176

Purpose of Disbursement  
contribution

011

Candidate Name

**ALLEN LUCAS MESSER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SB23.6688

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. PROJECT WEST POLITICAL ACTION COMMITTEE**

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City State Zip Code  
LONE TREE CO 80124

Purpose of Disbursement  
contribution

011

Candidate Name

**PROJECT WEST POLITICAL ACTION COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SB23.6677

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. REED COMMITTEE**

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
voided contribution

011

Candidate Name

**REED COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

Transaction ID : **SB23.6698**

Amount of Each Disbursement this Period

-	1	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JAMES B RENACCI**

Mailing Address PO BOX 88

City WADSWORTH State OH Zip Code 44282

Purpose of Disbursement  
contribution

011

Candidate Name

**JAMES B RENACCI**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Transaction ID : **SB23.6668**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RON JOHNSON FOR SENATE INC**

Mailing Address 219 E WASHINGTON AVE  
SUITE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
voided contribution

011

Candidate Name

**RON JOHNSON FOR SENATE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

Transaction ID : **SB23.6699**

Amount of Each Disbursement this Period

-	1	0	0	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-	1	0	0	0	0
---	---	---	---	---	---

0	0	0	0	0	0
---	---	---	---	---	---

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE MR. STIVERS**

Mailing Address 372 W 2ND AVENUE

City COLUMBUS State OH Zip Code 43201

Purpose of Disbursement  
contribution

011

Candidate Name

**STEVE MR. STIVERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

Transaction ID : SB23.6667

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. STEVE MR. STIVERS**

Mailing Address 372 W 2ND AVENUE

City COLUMBUS State OH Zip Code 43201

Purpose of Disbursement  
contribution

011

Candidate Name

**STEVE MR. STIVERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

Transaction ID : SB23.6684

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. THORNBERRY FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 9392

City AMARILLO State TX Zip Code 79105

Purpose of Disbursement  
voided contribution

011

Candidate Name

**THORNBERRY FOR CONGRESS COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : SB23.6700

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ice Miller PAC**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement  
contribution

011

Candidate Name

**TIBERI FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2015

Transaction ID : **SB23.6675**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement  
contribution

011

Candidate Name

**STEVE MR. STIVERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

Transaction ID : **SB23.6685**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
voided contribution

011

Candidate Name

**RONALD L WYDEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : **SB23.6701**

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

26000.00