

HALL,
RENDER, KILLIAN,
HEATH & LYMAN

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2008 AUG 31 A 9 26

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August 28, 2008

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

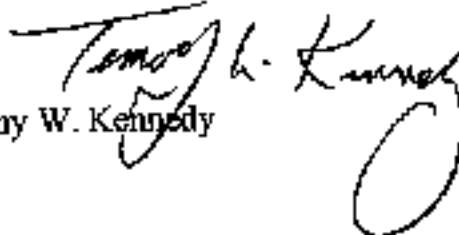
Re: Statement of Organization for Hall, Render, Killian, Heath & Lyman, P.S.C
Political Action Committee, LLC

To Whom It May Concern:

Enclosed please find the original Statement of Organization for Hall, Render, Killian, Heath & Lyman, P.S.C Political Action Committee, LLC (you will note that the Statement of Organization has already been filed with the Indiana's Secretary of State). If you have any questions regarding the enclosed Statement of Organization, please do not hesitate to contact me.

Sincerely,

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


Timothy W. Kennedy

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Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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AUG 23 AM 10:22
INDIANA ELECTION
DIVISION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Hall, Render, Killian, Heath & Lyman, P.S.C., Political Action Committee, LLC	2. DATE 8-22-2008
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) Suite 2000, One American Square, Box 82064	3. FEC Identification Number
(c) City, State and ZIP Code Indianapolis, Indiana 46282	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

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

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

B. Name of Any Connected Organization or Affiliated Council	Mailing Address and ZIP Code	Relationship
Hall, Render, Killian, Heath & Lyman, P.S.C.	Suite 2000, One American Square, Box 82064 Indianapolis, IN 46282	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
Timothy W. Kennedy	One American Square, Suite 2000, Indianapolis, IN	Chairman

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

Full Name	Mailing Address	Title or Position
Jeffrey Peek	One American Square, Suite 2000, Indianapolis, IN 46282	Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
National Bank of Indianapolis	One American Square, Suite 100 Indianapolis, Indiana 46282

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

TYPE OR PRINT NAME OF TREASURER Jeffrey Peek	SIGNATURE OF TREASURER <i>Jeffrey Peek, Treasurer</i>	DATE 8/22/08
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

