STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ice Miller PAC One American Square ADDRESS (number and street) Suite 2900 (Check if address is changed) Indianapolis 46282-0200 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FedPAC@icemiller.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00520973 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. John M. Daniels Type or Print Name of Treasurer John M. Daniels [Electronically Filed] 02 28 2013 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	raye Z
		e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		X In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		-
Ice Miller PAC		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative tify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
books and records.	any by hame, address (phone hamber opacha), and position of the person in p	
Robin A. Be	eck	
Mailing Address	One American Square	
agaa. ooo	Suite 2900	
	Indianapolis IN 46282	2-0200
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 317 -	2362455
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name John M. Da	niels	
Mailing Address	One American Square	
Š	Suite 2900	
	Indianapolis IN 46282	
Title or Position Treasurer	CITY STATE Telephone number 317 - [ZIP CODE 236 2210

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Full Name of Designated Agent	Renee Cornelius	
Mailing Address	One American Square	
Walling Address	Suite 2900	
	Indianapolis IN 46282	2-0200
	CITY STATE	ZIP CODE
Title or Position Assistant Trease	urer Telephone number	236
	Depositories: List all banks or other depositories in which the committee deposits funds, hooxes or maintains funds.	olds accounts, rents
Name of Bank, I	Depository, etc.	
	JP Morgan Chase	
Mailing Address	JP Morgan Chase 111 Monument Circle	
Mailing Address		
Mailing Address		
Mailing Address	111 Monument Circle	ZIP CODE
Mailing Address Name of Bank, [Indianapolis CITY STATE	
	Indianapolis CITY STATE	
Name of Bank, [Indianapolis CITY STATE	
	Indianapolis CITY STATE	
Name of Bank, [Indianapolis CITY STATE	
Name of Bank, [Indianapolis CITY STATE	