### REPORT OF RECEIPTS AND EXPENDITURES
#### OF A POLITICAL COMMITTEE

**Indiana Election Commission (IC 3-9-5-14)**

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

### COMMITTEE INFORMATION
1. Full name of committee (as on Statement of Organization)  
   Hall, Render, Killian, Heath & Lyman, P.C. Political Action Committee, LLC
   - Check if this is a new name: [ ]

2. Acronym or abbreviated name, if any  
   HRKHL C-PAC

3. Committee telephone number  
   (317) 633-4884

4. Mailing address (address where all campaign finance correspondence is received)  
   ONE AMERICAN SQUARE, SUITE 2000, BOX 8206- 
   INDIANAPOLIS IN 46282
   - Check if this is a new address: [ ]

5. City, state, ZIP code  
   INDIANAPOLIS IN 46282

### CANDIDATE INFORMATION (For Candidate's Committee Only)
6. Party affiliation (if applicable)

7. Full name of candidate (include any nickname)

8. Party affiliation or if independent

9. Office sought (include district number, if any. Not required for exploratory committee.

10. County of residence

### TYPE OF REPORT

<table>
<thead>
<tr>
<th>11.</th>
<th>Annual</th>
</tr>
</thead>
</table>


| 13. Cash on hand and investments at the beginning of this reporting period |
| 14. Cash on hand and investments January 1, current year |

### CONTRIBUTIONS AND RECEIPTS

| 15a. Itemized (use Schedule A) |
| 15b. Unitemized |
| 15c. Add lines 15a, and 15b in both columns |

**SUBTOTAL:** 0.00  
**TOTAL:** 60.00  

### EXPENDITURES

| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) |
| 17b. Unitemized |
| 17c. Add lines 17a and 17b in both columns |

**SUBTOTAL:** 0.00  
**TOTAL:** 24.00  

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

**Signature of Treasurer:**  
**Title:** Treasurer  
**Date:** 01/12/2015

**Signature of Candidate (if applicable):**  
**Date:** 01/12/2015

**FOR OFFICE USE ONLY**

Filed: Online  
1/12/15 10:13 am  
FILED  
JAN 13 2015

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose.

(3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony.  (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor  
(3-14-1-14) and may be subject to civil penalties (3-9-4-16, 3-9-4-17, 3-9-4-18).
## REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4006 (R-1311-06)
Indiana Election commission (IC 3-9-5-14)

### INSTRUCTIONS:
Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures listed on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER $100 per recipient, within a calendar year MUST be itemized on this schedule (over $200, if regular party committees). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
<th>6635</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 1 of 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)</th>
<th>RECIPIENT'S OCCUPATION</th>
<th>TYPE OF EXPENDITURE and PURPOSE (tie specific)</th>
<th>COLUMN A AMOUNT THIS PERIOD</th>
<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
<th>DATE OF EXPENDITURE</th>
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<tbody>
<tr>
<td>Code: Operations 1 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204</td>
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<td>Direct</td>
<td>12.00</td>
<td>164.00</td>
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<td></td>
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<td>Purpose:</td>
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<td>Direct</td>
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<td>Purpose:</td>
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**SUB TOTAL THIS PAGE OF SCHEDULE B** $ 36.00

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** (Enter total on ITEM 17a of the Summary Sheet) $ 36.00