FEC FORM 3X

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Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 OCT 26 AH 11: 57

FEC FORM 3X

Rev. 05/2016

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
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4. TYPE OF REPORT	(b) Monthly	20 (M2) May 20 (M	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6	Sep 20 (M9)	Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7	Oct 20 (M10)	Jan 31 (YE)
Quarterly Rep July 15	ort (Q1) (c) 12-Day .	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Rep October 15	ort (Q2) Report for the:	Convention (12C)	Special (12S)	
Quarterly Rep January 31	Float	M*M / D D	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	in the
Year-End Rep July 31 Mid-Ye	ear (d) 30 Dov	on on the second		State of
Report (Non-e Year Only) (M	lection	General (30G)	Runoff (30R)	Special (30S)
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5. Covering Period	M M / D D / Y Y Y Y	through	0 19 20	(6
	ed this Report and to the best of	my knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Trea	asurer <u>JCT+ IV A/1</u>	<i>, u y</i>		
Signature of Treasurer	Joll Grand	·-	Date 10 2	5 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Chamber Congressional Report Covering the Period: From: **COLUMN A COLUMN B** Calendar Year-to-Date This Period (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

2016-10-26-03-00111016

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 FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Connittee Report Covering the Period: From: **COLUMN A COLUMN B** Ö I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other 🕩 📚 ू Than Political Committees (i) Itemized (use Schedule A)......... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... 🏋 (b) Levin Funds (from Schedule H5) 🌓 (c) Total Transfers (add 18(a) and 18(b)).. 🦠 19. Total Receipts (add Lines: 11(d),

2016-10-26-03-00114047

12, 13, 14, 15, 16, 17, and 18(c)).......

(subtract Line 18(c) from Line 19)

20. Total Federal Receipts

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees. 24 Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 26. Loan Repayments Made..... Individuals/Persons Other
Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... જીવર જિલ્લો

20-6-10-26-08-001-1048

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date

EMIZED RECEIPTS		each category of the ailed Summary Page	11a [11b	11c	12	
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TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

OF.

SCHEDULE A (FEC Form 3X)

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<u>S.</u>	NAME OF COMMITTEE (In Full) Ludiana Chamber Cong.	tessions/	Δ	Considice	
۹.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address		<u></u>		# #
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				С
	Candidate Name ::	_ _		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disbution Senate President	Primary Other (spec	General cify) ▼	1762	, , ,
•	State: District: Full Name (Last, First, Middle Initial) Mailing Address	Date of Disbursement			
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				[].	
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CHEDULE C (FEC FO	orm 3X)		_							
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				Detailed Summar	y Page				RM 3X	
NAME OF COMMITTEE (In Full)	longtess	ional Acto	in lon	ittec						
LOAN SOURCE Full Name			·· ···································	☐ Memo	Item Eli	ection:				
	· · · · · · · · · · · · · · · · · · ·					Primary General				
Mailing Address] Other (sp	pecify) ▼	,		
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TERMS Date Incurred			Date Due	Interes	st Rate			Secured:		
'M M / D D / Y Y	r y y			y y · Y		% (ap		Yes	No	
List All Endorsers or Guaran	tors (if any) t	o Loan Source	9							
1. Full Name (Last, First, Midd				Name of Employer		•				
Mailing Address				Occupation						
City	State	ZIP Code	1	Amount Guaranteed Outstanding:		,	,	4		
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Mailing Address				Occupation			-			
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TOTALS This Period (last page in	n this line only	v)				9	y	•	.	
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Carry outstanding balance only	to LINE 3, Sch	iedule D, for the	us line. If n	o Schedule D, carr	y forward	to approp	riate lir	e of Sur	nmary.	

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SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

-ederal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER		
Indiana Chamber Congressiona	1 Action Committee	, C	00405597		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Name					
	5 5	•	%		
Mailing Address		, М., М	/ 'p 'p'' / "Y Y Y Y		
	Date Incurred or Established	l 	in the second of		
City State Zip Code	Date Due		Agamat American		
A. Has loan been restructured? No Yes	If yes, date originally incurre	nd 🧗 🦠	1 1 6 0 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	250	er egen (j. korgo emperio) (j. 1907 emperio) Koranova komanda oska errode (j. 1886 emperio)		
C. Are other parties secondarily liable for the debt incumon No Yes (Endorsers and guarantors)	rred? must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or oth No Yes If yes, specify:	of deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes			
E. Are any future contributions or future receipts of inte	erest income, pledged as , specify:	go dateg er dageler da	estimated value? ভাষ্টিত স্থানিক স্থ		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	,~			
Date account established:	Address:				
Sugar	City, State, Zip:				
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load					
G. COMMITTEE TREASURER	- 	DATE			
Typed Name Signature		- B M F M	A COMPT AND THE STATE OF THE ST		
H. Attach a signed copy of the loan agreement.			······································		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrowers. III. This institution is aware of the requirement that complied with the requirements set forth at 11.	terms of the loan and other infor (including interest rate) no more for of comparable credit worthiness. at a loan must be made on a bas	avorable at th	te time than those imposed for ures repayment, and has		
AUTHORIZED REPRESENTATIVE	OF TO TOOLOG WING TOOLTTE IN THAT	DATE			
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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF					
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:					
Excluding Loans	for each numbered line)	(check only one) 9					
NAME OF COMMITTEE (In Full)			1 110				
	1 11						
Judiana Chamber Congress	gional Action Commit	tee	-11 (0)				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor.	Nature of D	ebt (Purpose):				
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of De	ebt (Purpose):				
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C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of De	Nature of Debt (Purpose):				
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3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	47. *******	Alexan lever alive with ordinary hard through a ch				
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) >	di amina atau di manda adi man				

SCHEDULE E (FEC Form 3X)

HEWIZED INDEPENDENT EXPEN	DITURES	·		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	 			FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Cong.	exssional Action	Committee		C D O 4 O 5 5 9 7
Check if 24-hour report 48-hour	. —	ort Amends repo	rt filed or	
Full Name of Payee			C	Date of Public Distribution/Dissemination
Mailing Address		1	}	The second of th
City	State	Zip Code	À	१९४१ - के स्थापना के बात को में १९४१ में तुम्ब के बिक्स सम्बद्धित के बिक्स के सम्बद्धित सम्बद्धित के किस के प्
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Calendar Year-To-Date Per Election for Office Sought	games in passeng in a right of expension for in a game.		Disburse	ement For: Primary General Other (specify)
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Mailing Address				विकास वि Amount - अन्युक्त करण करण विकास व
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Ha	AME OF COMMITTEE (In Full) Lindland (4ambr) as your committee been designated to m.			4 Ac Name of Subo	ordinate Committee	irtec				
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	City	State		Zip Code		Date				
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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Indian Chamber Congressional Action Committee
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) PAGE / **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER **FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support

Same as Previously Reported

Same as Previously Reported

FEDERAL %

NONFEDERAL %

CHECK IF THE RATIO IS:

Fundraising

CHECK IF THE RATIO IS:

ACTIVITY IS:

ACTIVITY OR EVENT IDENTIFIER

Revised

Revised

Direct Candidate Support

2016 - 10 - 26 - 0M - 001130hg

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF FORM 3X

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FEC Schedule H3 (Form 3X) Rev. 12/2004

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCAT

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF OF FORM 33

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
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11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		in the second se

SCHEDULE L-A (FEC Form 3X)

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Use separate schedule(s)

PAGE

HEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address		
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SCHEDULE L-B (FEC Form 3X) FOR LINE NUMBER: PAGE Use separate schedule(s) ITEMIZED DISBURSEMENTS (check only one) for each category of the 4c Aggregation Page OF LEVIN FUNDS 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) . Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address State Zip Code ' Amount of Each Disbursement this Period and the state of the second of Purpose of Disbursement and the state of t Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address State Zip Code Amount of Each Disbursement this Period in the second region of the second Purpose of Disbursement Link to the state of the state Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period a grant garagera garang rama saggaranan sugu sarah fini m Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. Date of Disbursement Mailing Address Zip Code Amount of Each Disbursement this Period Purpose of Disbursement

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Received from Senate Public Records Office	Date of Receipt
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Other (Specify):	Date of Receipt or Postmarked
M.	10/26/16
PREPARER (3/2015)	DATE PREPARED