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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 OCT 19 AM 11: 36

ECTIVE ASSOCIATION

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

•	ANA CHA	M 16 18	KI C	() N 6 15 E	5 5 1 0 N 1	FIEI A	611 11 101	N _L	<u> </u>	
ICIO M	IMI TITEE	111_							<u> </u>	
ADDRESS	(number and street)	LUIS	ı W. ı	VASHIL	N161T101N1	SITI	S V I	T _I E _I	850	5
tha	heck if different an previously ported. (ACC)	L.N.D	1 A N	A.POLI	<u> </u>		<u> N </u>	4 ₁ 6 ₁ 2	04-	
2. FEC II	DENTIFICATION NU	MBER ▼	·	,. CITY,▲		S	STATE A		ZIP CODE ▲	
. C 6	004055	77		3. IS THIS REPORT	NE (N)	W OR	AM (A)	ENDED		
4. TYPE (Choos	OF REPORT		nthly port e On:	Feb 20 (M2	7 t	y 20 (M5) ı 20 (M6)	' ;	20 (M8)	1	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Qu	uarterly Reparts:			Apr 20 (M4		20 (M7)		20 (M9) 20 (M10)		(Non-Election Year Only) Jan 31 (YE)
្ត	April 15 · Quarterly Report (Q	1) <u> </u>	12-Day	Apr 20 (1414	Primary (12P)	· · · · ·				Runoff (12R)
1	July 15 Quarterly Report (Q2)		PRE-Elec		Convention (12	C)	Special (nulioli (12h)
: .	October 15 Quarterly Report (Q3)			n tile.	Marin (12	L. . * .	· · · · · · · · · · · · · · · · · · ·		in the	1.11.11.1
7	January 31 Year-End Report (Y	≣)		Election on	January II.			:	State of	i e e e e
	July 31 Mid-Year Report (Non-election Year Only) (MY)) (d)	30-Day		General (30G)	; ;	Runoff (3	0R)	33	Special (30S)
	Termination Report (TER)		Report fo	or the: Election on		: :	Y DAY DAY DAY S		in the State of	
5. Coveri	ng Period	b / b		012	through	1 O	1 7	žó	i 2.	
I certify tha	t I have examined thi	s Report	•		_	_	e, correct and	comple	te.	
Type or Pri	int Name of Treasurer		Dar	-la	Barn	ett		tuunatuunaa		
Signature o	of Treasurer	Da	rle	Ba	net	Da	ate / E	っ′ ク	8	20/2
NOTE: Subi	mission of false, errone	ous, or inc	complete in	nformation may s	subject the person	n signing thi	s Report to th	e penalti	es of 2 U	.S.C. §437g.
	Office Use								FOR Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

R	eport Covering the Period: From:	0 01 2012	o: 10 17 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	(a) Cash on Hand January 1, Z 0 1 2		, 856.90
	(b) Cash on Hand at Beginning of Reporting Period	, , , , , , , , , , , , , , , , , , , ,	•
	(c) Total Receipts (from Line 19)	, 2,000.00	, 2,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,844.90	, 2,856.90
7.	Total Disbursements (from Line 31)		,, 12.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 2,844.90	, 2,844.90
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	ing and the second seco	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	UPS AND SECTION OF AN ARMS FOR THE SECTION OF A SEC	

For further information contact:

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

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

Ln \odot **(7)** C

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Report Covering the Period: From: To: **COLUMN A COLUMN B** 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 Linee 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), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts (súbtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Petiod	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Juicilda Tear-to-Date
	Activity (from Schedule H4)	•	
	(i) Federal Share	\mathscr{D}	\mathscr{O}
			· · ·
	(ii) Non-Federal Share	, , $arrho$, , , $arrho$
	(b) Other Federal Operating	A	<i>A</i>
	Expenditures	, , . <i>p</i>	, , , . <i>O</i>
	(c) Total Operating Expenditures	d	*
	(add 21(a)(i), (a)(ii), and (b))▶	, , \wp	· , ,
22.	Transfers to Affiliated/Other Party	$\boldsymbol{\beta}$	Ø
23.	Contributions to	and the first of t	
	Federal Candidates/Committees and Other Political Committees	8	a
24	Independent Expenditures .		
E-71	(use Schedule E)		
2 5.	Coordinated Party Expenditures		· · · · · · · · · · · · · · · · · · ·
	(2 U.S.C. §441a(d)) (use Schedule F)		
	,		
26.	Loan Repayments Made		\mathcal{O}
	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		and the second s
	Than Political Committees	$oldsymbol{arphi}$, , \mathscr{O}
			B
	(b) Political Party Committees	, , , , , , , , , , , , , , , , , , ,	, , , \mathscr{U}
•	(c) Other Political Committees		\mathcal{A}
	(such as PACs)	, , , , , , , $oldsymbol{arphi}$, , , φ
	. (d) Tatal Cambridge Defende	•	· ,
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		i digender til til kommit 🎾 o
20	Other Disbursements		1700
LJ.	Other Disbursements	Chemical in the mention of the	, , , 2.0.0
30.	Federal Election Activity (2 U.S.C. §431(20))		
•••	(a) Allocated Federal Election Activity		
	(from Schedule H6)	ny ingraejamanga agamping mga gamagamangam ga aga <mark>ga</mark> a	المرود والمراجع المراجع
	(i) Federal Share		\mathscr{O}
	(ii) "Levin" Share	and the construction of the contract ψ . The	
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	The state of the state of the $oldsymbol{\psi}_{oldsymbol{t}}$	
	(c) Total Federal Election Activity (add		A.
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Charles representate and at the Call	
	Tabel Disharana de C. 1111	·	•
31.	Total Disbursements (add Lines 21(c), 22,	ojek reve propri sepekterbrepe 🎎 🖟	The Alberta Communication of the Communication of t
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	q	1 2.00
22	Total Federal Disbursements		
3∠.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	/	
	from Line 31)		
		where $m{\gamma}$ is the fine $m{x}$ - $m{x}$. The $m{x}$	i da kangaran pangan
	· ·	•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<u> </u>	Net Contributions/Operating Ex- penditures COLUMN A Total This Period		COLUMN B Calendar Year-to-Date		
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	, 2,000 00	, 2,00000		
34.	Total Contribution Refunds (from Line 28(d))	, ,	, , Ø		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 2,000.00	, 2,000.00		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, , Ø	, ,		
37.	Offsets to Operating Expenditures (fram Line 15, page 3)	, , &			
38.	Nat Operating Expenditures (subtract Line 37 from Line 36)		, , , , , , , , , , , , , , , , , , ,		

SCHEDULE A (FEC Form 3X)	T	FOR LINE NUMBER: PAGE OF		
•	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)		
TEMIZED RECEIPTS	for each category of the	11a 11b 11c 12		
	Detailed Summary Page	13 14 15 16 17		
Any information copied from such Reports and S	Statements may not be gold or used by any not			
or for commercial purposes, other than using the	a name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Endiana Chamber C	Orgressional Action Co.	mmittee		
Full Name (Last, First, Middle Initial)		T		
1Blakler	Mike	Date of Receipt		
Mailing Address	•	м м / о о / у у у		
10905 These Hundred Yard	Vr	10 12 2012		
City	State Zip Code			
Fishers	IN 46038	Amount of Each Receipt this Period		
FEC ID number of contributing	C	700000		
federal political committee.		, 2,000.00		
Name of Employer	Occupation	-		
Blaker Co-p.	D E E			
Receipt For:		-		
Primary General	Aggregate Year-to-Date ▼			
Other (specify)	, 2,00,0.00			
Full Name (Last, First, Middle Initial)				
3		Date of Receipt		
Mailing Address		м.м / о о / у у у		
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing	C			
federal political committee.	The state of the s	, ,		
Name of Employer	Occupation	┪		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼				
	• • • • • • • • • • • • • • • • • • •			
Full Name (Last, First, Middle Initial)				
,		Date of Receipt		
Mailing Address		M M / D D / Y Y Y		
City	State Zip Code			
J.,	2.	Amount of Each Receipt this Period		
FEC ID number of contributing	r germa, lieu rengma en rije wij lengg og:	Amount of Each Necelpt this Period		
federal political committee.	C	The second secon		
Name of Employer	Occupation			
		4		
Receipt For:	Aggregate Year-to-Date ▼			
Primary Ganeral				
Other (specify)	the control of the control of the second of the control of the co			
SUBTOTAL of Receipts This Page (optional)		204040		
		2,000		
TOTAL This Period (last page this line number	only)	200000		

SCHEDULE B (FEC FUIII 3A)	Lien congrate cohodule(s)	FOR LINE		PAGE O	F
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	'] 24	
	Detailed Summary Page	21b 27	22 - 23 28a - 28b	24 25 28c 29	26 30b
Any information copied from such Reports and Statem	ents may not be sold or use			<u> </u>	
or for commercial purposes, other than using the name	e and address of any politica	al committee to	solicit contributions fro	m such committe	انان و. ⊥
NAME OF COMMITTEE (in Full)			1. 1. 25 . 4		
) Tradical Carrier	1 1				
Lul Name (last First Middle Initial)	al Action (LOMMIT	tee	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) A.			Date of Disbursemer	nt	
			MANE / FOR N	, , , , , , , , , , , , , , , , , , , ,	N _e sti
Mailing Address					J
City	itate Zip Code				
Purpose of Disbursement			Amount of Each Dis	hureamant 11.	د ماده
Candidate Name			Amount of Each Dis	Parament this P	enog
	J	Category/ Type			
Office Sought: House Disbursem					
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
S.			Date of Disbursemen	nt	
			MAN / DED	/ *****	7
Mailing Address					
City	itate Zip Code		,		
Purpose of Disbursement	parameter	American de Europe	house	aut - it	
Candidate Name	<u> </u>	المنا	Amount of Each Dis		
Canadato Haine		Category/ Type			
Office Soughi: House Disburser	nent For:		A Control of the Cont		
i	Primary General				
State: District:	Other (specify) ▼	İ	T.		
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	nt .	
			[WEW] / [BUB]	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
Mailing Address				L.	
City	State Zip Code	_			
Purpose of Disbursement		Party Mary Party	Amount of Each Dis	hursement this D	eriod
Candidate Name		Category/	Amount of Each Dis		
Office Sought: House Disbursen	nent For:	Туре	Landon Swellbrokensk		
_	Primary General				
President	Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)	•••••				
TOTAL This Period (last page this line number only)					
Table 1 and 1					

SCHEDULE C (FEC Form	3X)		·
OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Indian Chanl	er Long ression	.1 Action Com	mittee
LOAN SOURCE Full Name (Last,	First, Middle Initial)		ection:
			Primary
Mailing Address			General Other (specify) ▼
Iviality Address			
City	State ZIP	Code	
Original Amount of Loan	Cumulative Paymen		Outstanding at Close of This Perio
TERMS			
Date Incurred	Date [Secured:
Mam / Bab / Astar	7 N N N / D 2 D /		% (apr) Yes No
List All Endorsors or Guernters	/if any) to Loop Source		Control Land
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle)	• • • •	Name of Employer	
(200, 0.00, 0.00, 0.00	,	The continuous	
Mailing Address		Occupation	
1		Amount	
City	State ZIP Code	Guaranteed	
		Constanting.	Control of the second s
2. Full Name (Last, First, Middle In	ntiai)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
		Outstanding:	Maria Maria (1) maria de la Maria (1) mari
3. Full Name (Last, First, Middle II	nitial)	Name of Employer	
Mailing Address		Occupation	
3			
	710 0-1-	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle In	nitial)	Name of Employer	

Mailing Address		Occupation	
		Amount	- Secretaria de la composição de la comp
City	State ZIP Code	Guaranteed Outstanding:	
		Outstanding.	
		gamen grante	Amerikan alkan
SUBTOTALS This Period This Page	(optional)		3_2\
TOTAL C This Desired (lock many in Al-	ic line only)		
TOTALS This Period (last page in thi	s line only)		
Carry outstanding balance only to L	INE 3. Schedule D. for this line	e. If no Schedule D. carry forwar	d to appropriate line of Summary

LN

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

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER			
Indiana Chamber Congressional Action C LENDING INSTITUTION (LENDER)		CO.04.05597			
Congressional Action C	ommittee	0.0.9.9.7.7.//			
•	Amount of Loan	Interest Rate (APR)			
Full Name	Constraint Constraint Constraint Security				
Mailing Address		MAM / 6 8 6 / YEV 2 V 6 V 7			
	Date Incurred or Established				
City State Zip Code	Date Due				
A the learn hear vestimetimed? No. 1. Ves	le von data adainally incomed	M = M / D = D / Y = Y Y Y Y Y			
A. Has loan been restructured? No Yes	If yes, date originally incurred	Landon La			
B. If line of credit,	Total Outstanding	Considerant Considerant Security Securi			
Amount of this Draw:	Balance:				
C. Are other parties secondarily liable for the debt incur	rred?				
	nust be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the		What is the value of this collateral?			
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other					
No Yes If yes, specify:					
		Does the lender have a perfected security			
E. Are any future contributions or future receipts of inte	rest income pledged as .	Interest in it? No Yes			
	specify:	What is the estimated value?			
lament lament					
	Location of account:				
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:				
Haw (Co.o.) Yaran	City, State, Zip:				
Insultantia Insultantia Insultantia					
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan					
G. COMMITTEE TREASURER		DATE			
Typed Name		The state of the s			
Signature					
H. Attach a signed copy of the loan agreement.		<u> </u>			
I. TO BE SIGNED BY THE LENDING INSTITUTION:					
To the best of this institution's knowledge, the are accurate as stated above.	terms of the loan and other inform	ation regarding the extension of the loan			
II. The ioan was made on terms and conditions (i		vorable at the time than those imposed for			
similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has					
complied with the requirements set forth at 11	CFR 100.82 and 100.142 in making	ng this loan.			
AUTHORIZED REPRESENTATIVE Typed Name		DATE			
_ *'	Title	- May , Dao , Agada			

SCHEDULE D	(FEC Form 3X)
DEBTS AND O	BLIGATIONS

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER:

OF

Excluding Loans		numbered line)	(Crisck only one)	10
NAME OF COMMITTEE (In Full)		_		
Indiana Chamber C	ongressional Action	Committee	2	
A. Full Name (Last, First, Middle Initial)	of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
City State	Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
Outstanding Balance Beginning This P				
	u			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period
B. Full Name (Last, First, Middle Initial) of	Of Debtor or Creditor	Nature of D	ebt (Purpose):	·
B. Full Name (Last, First, Wildle Initial)	or Deptor of Greator	Nature of D	ebt (Furpose).	
Mailian Addaga				
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This P	ellog			
hanne de la company de la comp				
Amount Incurred This Period	Payment This Period		ng Balance at Close of	
C. Full Name (Last, First, Middle Initial)	of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
C.S.	2: 0-1-			
City	State Zip Code		•	
Outstanding Balance Beginning This P	Period		****	
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of	This Period
				لسحف
1) SUBTOTALS This Period This Page (or	otional)			
2) TOTALS This Period (last page this line	number only)	>		
2) TOTAL OUTSTANDING LOANS from S	Schedulo C (last page only)			
3) TOTAL OUTSTANDING LOANS from S	chedule C (last page only)			
4) ADD 2) and 3) and carry forward to ap	propriate line of Summary Page (last page	only) ▶		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITORES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Tudiana Chamber	FEC IDENTIFICATION NUMBER ▼
Congressional Action Committee	C0.04.0.5.597
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	- , , , , , , , , , , , , , , , , , , ,
Walling Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:Senate District:
Name of Federal Candidata Supported or Opposed by Expenditure:	President Oppose Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Duran of Europelius	Office Sought: House State:
Purpose of Expenditure Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
tor Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
. Date	Mam (220 (A2A2A2
Signature	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR EEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR EEDERAL OFFICE (2 U.S.C. §441a(d))	PAGE OF FORM 3X
(To be used only by Political Committees in the General Elect	ion) FOR LINE 25 OF FORM 3A
Indiana Chamber Congression Action Commit	ree
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	
If YES, name the designating committee: Meiling Address	Chaire Tip Code
City	State ZIP Code
Tall Name (East, 1113t, Wildelf Minday of East 1 ayes	of Expenditure Category/
Mailing Address Date	Type
City State Zip Code	, and , verrey
Name of Federal Candidate Supported Office Sought: House State: Amou	nt
Aggregate General Election Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee Purpose Mailing Address	Category/
Date	1,750
City State Zip Code	
Name of Federal Candidate Supported Office Sought: House State: Amou Senate District: Presidential	int
Aggregate General Election Expenditure for this Candidate	erde Materials II-A Spel Magazini San et SVI Steam 1991. Spel Steam Administrative de Materials de Mary public
Full Name (Last, First, Middle Initial) of Each Payee Purpose	c of Expenditure Category/
Mailing Address	Туре
City State Zip Code	, , , , , , , , , , , , , , , , , , , ,
Name of Federal Candidate Supported Office Sought: House State: Amou	ut
Aggregate General Election Expenditure for this Candidate	reachers of the confinement leaves of the confinement leaves followed by confinement
SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	

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)				
Indiana 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)				
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 or				
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				

CHEDULE H2 (FEC Form 3X) LLOCATION RATIOS		PAGE OF
AME OF COMMITTEE (In Full) Ludiana Chamber Congressional Action	Committee	
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID CTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	
ethods of allocation:		
 FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	ethod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	efit derived by federal cand munications or voter drives	idates from the ac-
ACTIVITY OR EVENT IDENTIFIER	1	
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	-	
Fundraising	·	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	- Francisco	NON EDENAL %
Fundraising Direct Candidate Support CHECK IF THE BATIO IS:	%	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	12.00.1%	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONECDEDAL O
ACTIVITY IS:	- FEDGUAL 70	NONFEDERAL %
Fundraising Direct Candidate Support	%	
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	-	MONLEDEUVE %
Fundraising Direct Candidate Support	%	

Same as Previously Reported

CHECK IF THE RATIO IS: New

Revised

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

LLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional Action Commit	ree
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AM	OUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
II) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	
p)	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	The state of the s
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

PAGE

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		С	F		
FOR	INE	21a	OF	FORM	3Y

Mailing Address Administrative Fundraising Exempt	N	ME OF COMMITTEE (In Full)		I ON ENE ZIA OF TOTAL OX
A. Full Name (Last, First, Middle Initial) Malling Address City State Zip Code Public Comm (rel to party only) by PAC Allocated Activity or Event Vester Tortal Amount Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Tortal Amount Malling Address Tortal Amount FEDERAL SHARE NONFEDERAL SHARE TOTAL Amount Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Tortal Amount FEDERAL SHARE NONFEDERAL SHARE TOTAL Amount FEDERAL SHARE NONFEDERAL SHARE TOTAL Amount FEDERAL SHARE NONFEDERAL SHARE TOTAL Amount Administrative Fundralising Exempt Activity or Event Identifier: Category/ Type Date Tortal Amount Administrative Fundralising Exempt Allocated Activity or Event Vest-To-Date FEDERAL SHARE NONFEDERAL SHARE TOTAL Amount Administrative Fundralising Exempt Administra	_	Indiana Chamber Congressional Action	Co.	mmi Hee
Mailing Address City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Identifier: Category Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category Type City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Vear-To-Date Purpose of Disbursement: Activity or Event Identifier: Category Type Address City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Vear-To-Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Address City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Vear-To-Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Vear-To-Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT TOTAL This Pariotic (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))	A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
City State Zip Code		Mailing Address		
Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE FULL Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT FEDERAL SHARE FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT SUBTOTAL of Allocated Federal And NonFederal Activity This Page FEDERAL SHARE TOTAL AMOUNT TOTAL This Period (last page for each line only)/Federal share to 21(a)(ii) and NonFederal share to 21(a)(iii) and NonFederal sha				Voter Drive Direct Candidate Support
Purpose of Disbursement: Category/ Type		City State Zip Code		Public Comm (ref to party only) by PAC
FEDERAL SHARE		Purpose of Disbursement:		
B. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundralsing Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC		Cate		Man / Dad / Vavovav
B. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundralsing Exempt Administrative Direct Candidate Support Public Comm (ref to party only) by PAC		FEDERAL SHARE + NONFEDERAL SHARE		= TOTAL AMOUNT
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Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Administrative Fundraising Exempt	В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
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Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date		City State Zip Code		Public Comm (ref to party only) by PAC
Activity or Event Identifier: Category/ Type Date FEDERAL SHARE		Purnose of Dishursement		Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/ Type Date		Talposo of Disputcional.		
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C. Full Name (Last, First, Middle Initial) Mailing Address Administrative Fundraising Exempt				
C. Full Name (Last, First, Middle Initial) Allocated Activity or Event:				10112111100111
C. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT TOTAL This Period (last page for each line only)(Federal share to 21(a)(i)) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT				
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FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT				02 4 0 22
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				and the second control of the second control

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

ALLOCATED FEDERAL ELECTION ACTIVITY PAGE (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) Congressions Lommittee -ndiana rion NAME OF ACCOUNT **BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION** i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID Total Amount Transferred for Voter ID GOTV iii) GOTV Total Amount Transferred for GOTV **GENERIC CAMPAIGN ACTIVITY** iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED BREAKDOWN OF THIS TRANSFER **VOTER REGISTRATION** i) Voter Registration Total Amount Transferred for Voter Registration..... ii) Voter ID Total Amount Transferred for Voter ID GOTV Total Amount Transferred for GOTV **GENERIC CAMPAIGN ACTIVITY** iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registration)..... TOTAL This Period (Voter ID) TOTAL This Period (GOTV)..... TOTAL This Period (Generic Campaign Activity)..... TOTAL This Period (Total Amount of Transfers Received).....

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)

PAGE			OF		
FOR L	INE	30a	OF	FORM	зх

NAME OF COMMITTEE (In Full)	
Tudence Chamber Congressed	Action Committee
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
, , ,	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN	SHARE = TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Giale Zip Gode	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN	N SHARE = TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	generating and the second and the se
	M8H / OHD / YEVEY Y
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN	N SHARE = TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN	N SHARE = TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(
FEDERAL SHARE	TOTAL AMOUNT
	N SHARE
TOTAL This Period for the Levin Share	
Comment	FEC Sabadula MS (Form 2V) Pay 02/2002

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

NAM 7	E OF COMMITTEE (In Full)	Ongressional Action C	Committee.
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	benomika mendi amah titora si keramakanan ki Dani ad sesarah keramban sakanan	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6. _.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	The state of the s	
7.	BEGINNING CASH ON HAND(for Column 8, use cash as of January 1st)		
8.	RECEIPTS(trom Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	(From Une 6) ENDING CASH ON HAND		transferment motives or three selections and an additional fermion from the selection of th
	(Subtract Line 10 From Line 9)		handenselved Ohmelmed hand Bereille melle melle melle melle

SCHEDULE L-A (FEC Form 3X)

PAGE OF

7-	MIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s)	EOD LINE NUMBER
		for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any or fo	information copied from such Reports and Statements may not to or commercial purposes, other than using the name and address	oe sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
7	IAME OF COMMITTEE (In Full)		
	Indiana Chamber Congressional	Action Co	mmitsee
	full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
۹.			Man / Dec / Assessed
Ñ	Mailing Address		
7	City State	Zip Code	Amount of Each Receipt this Period
ħ	lame of Employer or Principal Place of Business		
·			Aggregate Year-to-Date
7	Occupation		
	full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.		[HEN / 000 / 70707077
ī	failing Address		Institute Instit
7	City State	Zip Code	Amount of Each Receipt this Period
π	lame of Employer or Principal Place of Business		
ľ			Aggregate Year-to-Date
7	Occupation		
F	ull Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
C.	, , ,		
7	Aailing Address		
_			Amount of Each Receipt this Period
(Dity State	Zip Code	
r	lame of Employer or Principal Place of Business		
7	Dogumetion .		Aggregate Year-to-Date
	Occupation		
	ull Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
D.			NEW / DED / YEVEY
7	Aailing Address		
7	Dity State	Zip Code	Amount of Each Receipt this Period
F	Name of Employer or Principal Place of Business		
			Aggregate Year-to-Date
(Occupation		
SU	BTOTAL of Receipts This Page (optional)		
т.	TAL This Pariod (last name this line number only)	_	

SCHEDULE L-B (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBE	ER:	PAG	iE_		OF	
FOR LINE NUMBI (check only one)		4a		4c	5	_
	L	4b	L	4d		

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Foll) Indiana Chamber Congres	ssional Action C	
Full Name (Last, First, Middle Initial) / Full Organization Na A.	ime ,	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	me	Date of Disbursement
		Name of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization NaC.	ime	Date of Disbursement
Mailing Address		A TO I I TO I
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
		THE OF DISBUSCION
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
Mailing Address		NAME / DATE / VOVEVEY
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): FESTERS **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):