NONO: ON: OM: OM: OOM-NOOG

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2020 FEB -3 PM 2: 25

						Office(Use Only)	
1. NAME C	OF ITEE (in full)	TYPE OR PRINT ▼	Example over the	e: If typing, type lines.	12FE4M	r eterna - Leutiu: Voimilesion Patahaly sic on i	
LINDIA	NA MANU	FACTURERS	ASSOCIATIO	N POLITICA	AL ACTIO	N COMMIT	766
▼ Che	number and street) eck if different in previously orted. (ACC)	SUITE LOG		OW STRE		46204 ₁₋₁ 3	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
2. FEC ID	ENTIFICATION N	UMBER ▼	CITY ▲		STATE ▲	ZIP CODE	A
C 0	0,4403	4.7	3. IS THIS REPORT	NEW (N) OR	(A)	ENDED	
(Choose	OF REPORT One) arterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)	<u>il</u>	20 (M9) Oe (Noi	v 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
	April 15 Quarterly Report (c July 15 Quarterly Report (c October 15 Quarterly Report (c	Q2) C) 12-Day PRE-Elec Report fo	tion	Jul 20 (M7) hary (12P) vention (12C)	General (20 (M10)	n 31 (YE)
_ _ _	January 31 Year-End Report (July 31 Mid-Year Report (Non-electic Year Only) (MY) Termination Report (TER)	on (d) 30-Day POST-Ele Report fo		eral (30G)	Runoff (3	in the State of OR) Specific the State of	ecial (30S)
5. Covering	Period 0	8 6 6 6 2	6 [9 tr	nrough I 0	່ ເຮື່	2019	
-	I have examined to	his Report and to the er ANAICW	-	ge and belief it is to	rue, correct and	complete.	
Signature of					Date 0	27 2	0,20
	ission of false, error	neous, or incomplete inf	ormation may subject	the person signing	this Report to th		
ı u	se nly					FEC FORM Rev. 05/2016	3X

NONE: GAL SEL CEL GOTHAGUA

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name	a Acresialia Palitica	1 1050 (00 11540
Indiana Manufacture	3 ASSOCIATION POLITICA	1 non committee
Report Covering the Period: From:	В О 1 2019	
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20 9		1,714,69
(b) Cash on Hand at Beginning of Reporting Period	1 4 2 8 0 2	
(c) Total Receipts (from Line 19)	127	2 40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1.6,28.29	1.7.1.7.29
7. Total Disbursements (from Line 31)	3 0.00	1125100
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.592.29	1,5,9,2,2,9
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	6	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	O	
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE of Receipts

Page 3

Write or Type Committee Name

NONO: ON: ON: ON: COMMINGUM

FEC Form 3X (Rev., 05/2016)

R	eport Covering the Period: From:	8 01 2019	To: 10 / 15 / 20	19
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11.	Contributions (other than loans) From:			
	(a) Individuals/Persons Other			
	Than Political Committees			Secretary of the second
	(i) Itemized (use Schedule A)			
				\sim
	(ii) Unitemized			00
	(iii) TOTAL (add			
	Lines 11(a)(i) and (ii)▶			
	(b) Political Party Committees			
	(c) Other Political Committees	and the second s	The state of the s	
	(such as PACs)	Lan. 33. A. D. 27. A. 53.		
	(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	<u> </u>		
40	All Leave Description			Section Section 5
13.	All Loans Received	A Standard Manders And Standard		
1				the stand
	Loan Repayments Received			
15.	Offsets To Operating Expenditures	WE THEN THE STORY DESCRIPTION OF THE THE THE STORY OF THE	and in the man 1.5. and the second man was a few or the second man and	
	(Refunds, Rebates, etc.)			Secretary Second
	(Carry Totals to Line 37, page 5)	9 0 572 0 2 572 0 1 552		
16.	Refunds of Contributions Made			
	to Federal Candidates and Other			The state of the s
	Political Committees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
17.	Other Federal Receipts			Section 1
	(Dividends, Interest, etc.)	A D AND R N ATO R RANGE	27	٥ ما ي
18.	Transfers from Non-Federal and Levin Funds	· ·		DATE OF THE PROPERTY OF THE PARTY OF THE PAR
	(a) Non-Federal Account		Control of the second of the s	7
	(from Schedule H3)			\sim $-$
		Control of the second s		-
	(b) Levin Funds (from Schedule H5)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
•	(c) Total Transfers (add 18(a) and 18(b))			
	•			
19.	Total Receipts (add Lines 11(d),			Emmilione de la
	12, 13, 14, 15, 16, 17, and 18(c))▶	. 1	4 2	60
				Library Comment
20.	Total Federal Receipts			firesoftened
	(subtract Line 18(c) from Line 19)▶			[
		N		

NONO: GN: GM: OM: OGM-NOWS

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II	. Disbursements	COLUMN A Total This Period	COLUMN B
21. Operating (a) Alloca Activit	Expenditures: ted Federal/Non-Federal y (from Schedule H4)	Intal IIIs Peliod	Calendar Year-to-Date
	ederal Share		
(ii) N	lon-Federal Share		
	Federal Operating		
	ditures		
(c) Total	Operating Expenditures		
(add 2	21(a)(i), (a)(ii), and (b))		2 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	o Affiliated/Other Party		
Committee 23. Contribution	s	1 52 1 52 1 43 A	
Federal Ca	andidates/Committees		
	Political Committeesnt Expenditures	· · · · · · · · · · · · · · · · · · ·	
(use Sche	dule É)		
25 Coordinate	d Party Evnenditures		L A 472 5 A 273 4 L 452 A
(use Sche	§ 30116(d)) dule F)		
•			
26: Loan Repa	syments Made		R A 5/2 A 4/2 A
27. Loans Mad	def Contributions To:		<u> </u>
(a) Individ	luals/Persons Other		
Inan	Political Committees		
(b) Politic	al Party Committees		
	Political Committees		
` '	as PACs)		Committee of the state of the s
•	Contribution Refunds		- A - 27 - A - 8 - 27 - A - A - 57 - A - 57
	ines 28(a), (b), and (c))		
(
29. Other Dist	oursements (Including		
Non-Feder	al Donations). Bank fees	36.00	25,00
			Samuel Control of Cont
	ection Activity (52 U.S.C. § 30101(ted Federal Election Activity	20))	
, , ,	Schedule H6)		
	deral Share		
(ii) "Le	evin" Share		
(b) Feder	al Election Activity Paid		
	ly With Federal Funds		
, ,	Federal Election Activity (add		her medican de la constant de la con
Lines	30(a)(i), 30(a)(ii) and 30(b))	n n 1570 2 h 452 h 2 1570 k	N A 432 R A 512 A B 572 A
	ursements (add Lines 21(c), 22,		
23, 24, 25	, 26, 27, 28(d), 29 and 30(c))	R R R R R R R R R R R R R R R R R R R	
32 Total Fodo	ral Disbursements	Company of the Compan	ta ny mentantandronal. Activitation and specific and the second s
	ine 21(a)(ii) and Line 30(a)(ii)		
•	31)		
			1 A 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A COLUMN B** III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

9
() }
() :\$

_				
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 17
	ny information copied from such Reports and State for commercial purposes, other than using the national states.			erson for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)			
/				
<u> </u>	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	T
A.			<u> </u>	Date of Receipt
	Mailing Address			Mam / Dag / Askadad
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Receipt For:		V	4
	Primary General	ggregate	Year-to-Date ▼	<u>r'</u>
	Other (specify) ▼			
	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	+
В.	Tuli Name of individual (Last, 1915t, Wildele Initial)	OI FUII O	ryanization wante	Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	⊣
				Amount of Each Receipt this Period
	FEC ID number of contributing	٦,		
	federal political committee.	<u> </u>	<u></u>	
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Receipt For:	ggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼			
	Cities (Specify) V		<u>^ </u>	!
_	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	
C.	Mailing Address			Date of Receipt
	Mailing Address			Mam / Dab / Yayay
	City	State	Zip Code	- Beauthain Broadanid Republication
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		
	None of Employee (for Individual)	0	unation (for Individual)	Memo Item
	Name of Employer (for Individual)	Ucci	upation (for Individual)	
	Receipt For:	ggregate	Year-to-Date ▼	7
	Primary General			! }
	Other (specify)		92 1 1 93 1 1 43 1	1
S	SUBTOTAL of Receipts This Page (optional)			,

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) PAGE FOR LINE NUMBER: OF Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 27 Detailed Summary Page 28a 28b 28c 29 30b 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.

\rangle	NAME OF COMMITTEE (In Full)				
Α. [.]	Full Name (Last, First, Middle Initial)		Date of Disbursement		
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement		<u> </u>		C
	Candidate Name .			Category/ Type	Amount of Each Disbursement this Period
	Senate President	ement For: Primary Other (spec	☐ General		Memo Item
	State: District: Full Name (Last, First, Middle Initial)		 		
В.					Date of Disbursement
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General	·	
	State: District:				Memo Item
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				C
	Candidate Name	<u> </u>		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General		
	State: District:		, \		Memo Item
s	SUBTOTAL of Disbursements This Page (optional)		·····•	3 3
7	OTAL This Period (last page this line number on	ly)		>	

SCHEDULE C (FEC Form 3X) **LOANS**

NAME OF COMMITTEE (In Full)

PAGE Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

<u></u>			
LOAN SOURCE Full Nan	ne (Last, First, Mi	ddle Initial)	☐ Memo Item Election: ,
			General
Mailing Address			Other (specify) ▼
City		State	ZIP Code
•			
Original Amount of Loan		Cumulative P	ayment To Date Balance Outstanding at Close of This Period
3-43-4-43-4			
TERMS Date Incurre	ed		Date Due Interest Rate Secured:
M = M / D = G / Y	YVVV	M • M / O *	% (apr) Yes No
List All Endorsers or Gua	rantors (if any) t	o Loan Source	
1. Full Name (Last, First, I	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
2. Full Name (Last, First, I	Middle Initial)		Outstanding:
Mailing Address			O
Walling Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, I	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, I	Middle Initial)		Name of Employer
Mailing Address		**/	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period Thi	s Page (optional).		
OTALS This Period (last pa	ge in this line only	/)	• • • • • • • • • • • • • • • • • • •
arry outstanding balance o	nly to LINE 3, Sci	nedule D, for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.
		<u> </u>	FEC Schedule C (Form 3Y) Bey 05/201

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, Washin	ngton, D.C. 20463		Page of Schedule C	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	
LENDING INSTITUTION (LENDER)		Amount of Loan	Interest Rate (APR)	
Full Name		Amount of Loan interest hate (AFF		
Mailing Address		Date Incurred or Established	M = M - / B = B / Y = V = V = Y	
City	State Zip Code	Date Due	MIN / BID / VIVIV	
A. Has loan been restructured?	No Yes	If yes, date originally incurre	ed May 1 pag 1 pag 2	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	77	
C. Are other parties secondarily No Yes (Endo		urred? must be reported on Schedule C.)	
	struments, certificates		What is the value of this collateral?	
			Does the lender have a perfected security interest in it? No Yes	
E. Are any future contributions of collateral for the loan?		terest income, pledged as s, specify:	What is the estimated value?	
A depository account must be to 11 CFR 100.82(e)(2) and		Location of account:		
Date account establis	hed:	Address:		
M - M / B - D /	Y Y Y Y	City, State, Zip:		
		was pledged for this loan, or if the an was made and the basis on w	e amount pledged does not equal or exceed hich it assures repayment.	
G. COMMITTEE TREASURER			DATE	
Typed Name Signature			M = M / O = D / Y = Y = Y	
H. Attach a signed copy of the	loan agreement	·		
TO BE SIGNED BY THE LE To the best of this instit are accurate as stated The loan was made on similar extensions of creating the state of the state	ENDING INSTITUTION tution's knowledge, the above. terms and conditions edit to other borrowers	e terms of the loan and other infor (including interest rate) no more fa to of comparable credit worthiness.	mation regarding the extension of the loan avorable at the time than those imposed for its which assures repayment, and has	
complied with the require	rements set forth at 11	CFR 100.82 and 100.142 in make	king this loan.	
AUTHORIZED REPRESENTATIVE	· ——		DATE	
Typed Name Signature		Title		

SCHEDULE D (FEC Form 3X) PAGE OF (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 **Excluding Loans** numbered line) 10 NAME OF COMMITTEE (In Full) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X	
IAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
			C	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination	
		•	M = M / D = B / Y = Y = Y	
Mailing Address			Amount	
City	State	Zip Code		
	Otato	2.5 0000		
Purpose of Expenditure		Category/	Date of Disbursement or Obligation	
		Type	┙│ └┷┛ └┷┛ └┷┷	
Name of Federal Candidate:		Support	Office Sought: House District:	
		Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary Genera	
- Insultantia	(I)(I)		Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination	
Mailing Address				
,g			Amount	
City	State	Zip Code		
			Date of Disbursement or Obligation	
Purpose of Expenditure		Category/	MAM / DAR / AAAAAA	
		Туре	<u> </u>	
Name of Federal Candidate:		Support	Office Sought: House District:	
		Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	-M-11-M-		Disbursement For:	
<u> </u>			Cutor (speeding) P	
(a) SUBTOTAL of Itemized Independent Expenditure:	s		>	
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Expenditures				
,				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		_ Date	# # # / O + D / V + V + V + V	
Signature				

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

N BEHALF OF CANDIDATES	FOR FED	ERAL OFFIC	E	į.	PAGE	OF
	be used only	by Political Com	mittees in the Gen	eral Election)	FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)	•					
	r	 		·		
las your committee been designated to mal coordinated expenditures by a political party		Full Name of Sub	ordinate Committee	,		
YES NO	committee:				•	
f YES, name the designating committee:	•	Mailing Address				
•		City		State	e ZIP (Code
			····			
Full Name (Last, First, Middle Initial) of	Each Payee		Memo Item	Purpose of Exper	nditure	
						. Category/
Mailing Address		-			·	Туре
City	State	Zip Code		Date	• Б / Y •	Y • Y • Y
Name of Federal Candidate Supported	Office Sough	nt: House Senate	State:	Amount		
		Presidential				7 7 7
Aggregate General Election				L-4-4-93	<u> </u>	
Expenditure for this Candidate	 	3-4-1				
Full Name (Last, First, Middle Initial) of	Each Payee		☐ Memo Item	Purpose of Exper	nditure	
	• ' 1 ' •					
Mailing Address	v.		,			Category/ Type
City	State	Zip Code		Date		
City	State	Zip Code		M • M / D	, , ,	Y • V # Y
Name of Federal Candidate Supported	Office Sough	—	State:	Amount		
		Senate Presidential	District:		, , , , ,	
Aggregate General Election				L	<u> </u>	
Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of I	Each Payee		☐ Memo Item	Purpose of Exper	nditure	
Mailing Address						Category/ Type
	· 			Date		•
City	State	Zip Code		M M / D	D / Y	7 - 7 - 7
Name of Federal Candidate Supported	Office Sough	nt: House	State:		عبا است	
		Senate	District:	Amount		
Accepta Consol Floring		Presidential	<u> </u>		<u> </u>	479
Aggregate General Election Expenditure for this Candidate ▶						
SUBTOTAL of Expenditures This Page (opt	tional)				- R - R	
TOTAL This Period (last page this line num	nber only)			<u> </u>	<u> </u>	

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

		_ <u></u>
AME OF COMMITTEE (In Full)		
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE S	SUPPORT	· · · ·
lethods of allocation:		
 FUNDRAISING activities are allocated using the "funds received method" expenses must equal the federal proportion of monies raised. 	where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accordin where the federal proportion of disbursements is based on the benefit de tivity. For PACs Only: Direct candidate support includes public communic federal and nonfederal candidates, regardless of whether there is a refer are allocated using a time/space method.	erived by federal candi cations or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		·
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
The state of the s		
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: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		101111111111111111111111111111111111111
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: New 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		

NONO: ON: OM: OOM - OOM - NONO

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

PAGE	OF	

FOR LINE 18a OF FORM 3X

AME (OF COMMITTEE (In Full)			
NAM	ME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M M / D D / Y Y		
·	***			7
	AKDOWN OF TRANSFER RECEIVED			
i)	Total Administrative		•••••	
	Generic Voter Drive			
"	delient totel bille			
iii)	Exempt Activities			
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)		
	a)			ו
	a)	4 4 92 4 4 535 4	<u> </u>	.
	b)			7
				
	c) Total Amount Transferred For Direct Fundra	ising		-1-4-27-1-4-3>-1-73-1-1
v)	Direct Candidate Support (List Activity or Ev	ent Identifier)		ŕ
			, , , , , , , , , , , , , , , , , , , 	ا ا
	a)		A	
	b)			
		<u> </u>		
	c) Total Amount Transferred For Direct Candid	late Support		
Ì	Public Communications Referring Only to I	Donto (Mada bu DAC)		
Vij		OR BREAKDOWN OF TRANSFEI		
	TOTALS FO	OR BREAKDOWN OF THANSIE	n neceive	
TOTAL	This Period (Administrative)			
TOTAL	This Period (Generic Voter Drive)			
ΤΩΤΔΙ	This Period (Exempt Activities)			
	(====,	-		
TOTAL	This Period (Direct Fundraising)			
				
TOTAL	This Period (Direct Candidate Support)		· L	72
TOTAL	This Period (Public Communications Referring	Only to Party)		
		, ,,	-	
TOTAL	This Period (Total Amount Transferred)			

NOND: ON: OM: OM: OCHANG#O

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	3X

NΑ	ME OF COMMITTEE (In Full)				1
Α.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support		
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/	Man / Dad / Asaasa
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		· L			
<u>—</u> В.	Full Name (Last, First, Middle Initial).			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	1			Allocated Activity of Event Teal-10-Date
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			7		77
C.	Full Name (Last, First, Middle Initial)		-	☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			-12		
ei.	IPTOTAL of Allogated Federal and NonFederal	Activity Thi	s Poss		
30	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)	(Federal sha			
	FEDERAL SHARE	_	NONFEDERAL	SHARE	TOTAL AMOUNT

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)

be used by State, District and Loca	al Party Committees Only)	PAGE OF FOR LINE 18b OF FORM 3X
IAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		77
BREAKDOWN OF THIS TRANSFER	VOTER REGI	CTRATION
i) Voter Registration	VOTER REGI	STRATION
Total Amount Transferred for Vote	r Registration	25 - 4 - 5 - 5 - 5 - 6 6
ii) Voter ID		VOTER ID
Total Amount Transferred for Vote	er ID	
		GOTV
iii) GOTV Total Amount Transferred for GO	rv	
Total Amount Transletted for GO.		
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gen	eric Campaign Activity	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGI	STRATION
Total Amount Transferred for Vote	er Registration	
		VOTER ID
ii) Voter ID		
Total Amount Transferred for Vote	er ID	<u> </u>
iii) GOTV	-	GOTV
Total Amount Transferred for GO	TV	
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Ger	neric Campaign Activity	
Total Amount Transferred for der	iche Cumpagn Activity	
TOTALS FOR B	REAKDOWN OF TRANSFER RECEIVED	(Last Page Only)
		- Andreas - Andr
TOTAL This Period (Voter Registration).		
TOTAL This Period (Voter ID)	■ A	442
TOTAL This Period (GOTV)		
	<u> </u>	
TOTAL This Period (Generic Campaign	Activity)	7 7
TOTAL This Period (Total Amount of Tra	ansfers 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 LINE	20-	<u>~</u>	FOOL	2

——————————————————————————————————————					
AME OF COMMITTEE (In Full)					
A. Full Name (Last, First, Middle Initial)) / Full Orgar	nization Name	☐ Memo Item	Type of Allocated	
				Voter Registra	├ ─ -
				Voter ID	Generic Campaign
Mailing Address				Allocated Activ	rity or Event Year-To-Date
City	State	Zip Code			
		L		A TAIL	
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE	+	LEVIN	SHARE	= 1	TOTAL AMOUNT
	77				
D. Cull Manne (Lond Circle Middle In No.		-ii Nome	Mome to	Type of Allocated	Activity or Event:
B. Full Name (Last, First, Middle Initial)	7 Full Organ	iizauon Name	☐ Memo Item	Voter Registra	•
		·		Voter ID	Generic Campaign
Mailing Address				Allocated Activ	rity or Event Year-To-Date
		I =	", "-		
City	State	Zip Code			
Purpose of Disbursement	<u> </u>		Category/	Date	
SEDERAL CHARE			Туре		TOTAL ANADUNT
FEDERAL SHARE		LEVIN	SHARE	_ =	TOTAL AMOUNT
	<u></u>			<u> </u>	
C. Full Name (Last, First, Middle Initial) / Full Orgai	nization Name	☐ Memo Item	Type of Allocated	-
				Voter Registra	ation GOTV Generic Campaign
					
Mailing Address				Allocated Activ	vity or Event Year-To-Date
City	State	Zip Code			
Purpose of Dishursement		<u> </u>		МЖМ	, <u>0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 </u>
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE	+	LEVIN	SHARE	=	TOTAL AMOUNT
				/ / /	
SUBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity This		SHARE	= -	TOTAL AMOUNT
, ESERVE OFFICE	— i r			7	
OTAL This Period (last page for each lin	e only)(Fede	ral share to 30(a)(i)	and Levin share to	30(a)(ii))	
FEDERAL SHARE		55 10 05(4)(1)	, 2010/ 5/10/5 10		TOTAL AMOUNT
		I C\/IKI	SHARE		
OTAL This Pariod for the Louis Chara		LEVIN	JIANL	7	
OTAL This Period for the Levin Share	L	<u> </u>	-75-4-4-1-X-A	<u></u>	

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

NAM	E OF COMMITTEE (In Full)		
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		
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)		
7.	BEGINNING CASH ON HAND(Ior Column B, use cash as of January 1st)		
8.	RECEIPTS(trom Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

1a	2

OF

PAGE

TEMIZED RECEIPTS OF LEVIN F		or each category of the Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Full Name of Individual (Last, First, Middle Initial)	Date of Receipt		
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			Aggregate Year-to-Date
Occupation (for Individual)			1 45° 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Individual (Last, First, Middle Initial) 3.	or Full Organization	n Name	Date of Receipt
Mailing Address		<u></u>	
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)	Aggregate Year-to-Date		
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Initial)	or Full Organization	n Name 🗌 Memo Item	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			Aggregate Year-to-Date
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Initial)	or Full Organizatio	n Name Memo Item	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)		<u> </u>	Aggregate Vegruto-Date
Occupation (for Individual)			Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only			

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SWOVE,

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBI	ER:	PAG	E		OF	
(check only one)		4a		4c] ₅
	П.	4b		4d	_	.

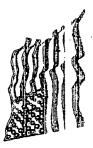
	<u> </u>		<u> </u>	:	
	ny information copied from such Reports and State for commercial purposes, other than using the na				
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)				
۱.	Full Name (Last, First, Middle Initial) / Full Organ	☐ Memo Item	Date of Disbursement		
	Mailing Address	M M / D D / V V V V V			
	City	ity State Zip Code			Amount of Each Disbursement this Period
	Purpose of Disbursement				
3.	Full Name (Last, First, Middle Initial) / Full Organ	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 Organ	☐ Memo Item	Date of Disbursement		
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
_	Purpose of Disbursement				
Э.	Full Name (Last, First, Middle Initial) / Full Organ	Memo Item	Date of Disbursement		
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
Ξ.	Full Name (Last, First, Middle Initial) / Full Organ	Date of Disbursement			
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
s	SUBTOTAL of Disbursements This Page (optional).				
T	OTAL This Period (last page this line number only	y)		>	3
_					



Indiana Manufacturers Association

101 West Washington Street, Suite 1050 East • Indianapolis, IN 46204





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Received from Senate Public Records Office	Date of Receipt						
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Jm	2/3/20						
PREPARER (3/2015)	DATE PREPARED						