

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

Office Use Only 2024 APR 12 AM 10:00

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

INDIANA CHAMBER OF COMMERCE CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street) 115 WEST WASHINGTON STREET
SUITE 850S
 Check if different than previously reported. (ACC) INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00405597

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y in the State of

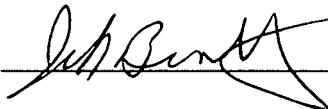
- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeff Brantley

Signature of Treasurer  Date 04 / 11 / 2024

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 05/2016

20240412 12:00:00 PM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2024

To:

03 / 31 / 2024

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2024 | | 894584 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 894584 | |
| (c) Total Receipts (from Line 19) | 0000 | 0000 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 0000 | 0000 |
| 7. Total Disbursements (from Line 31) | 4000 | 4000 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 890584 | 890584 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0000 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0000 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

2024-03-31 10:40:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0000 | 0000 |
| (ii) Non-Federal Share | 0000 | 0000 |
| (b) Other Federal Operating Expenditures | 4000 | 4000 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4000 | 4000 |
| 22. Transfers to Affiliated/Other Party Committees | 0000 | 0000 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0000 | 0000 |
| 24. Independent Expenditures (use Schedule E) | 0000 | 0000 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) | 0000 | 0000 |
| 26. Loan Repayments Made | 0000 | 0000 |
| 27. Loans Made | 0000 | 0000 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0000 | 0000 |
| (b) Political Party Committees | 0000 | 0000 |
| (c) Other Political Committees (such as PACs) | 0000 | 0000 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0000 | 0000 |
| 29. Other Disbursements (Including Non-Federal Donations) | 0000 | 0000 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0000 | 0000 |
| (ii) "Levin" Share | 0000 | 0000 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0000 | 0000 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0000 | 0000 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 4000 | 4000 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 0000 | 0000 |

600051200 10011 40 4 2016

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0000 | 0000 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0000 | 0000 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0000 | 0000 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4000 | 4000 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0000 | 0000 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4000 | 4000 |

20240412130004067087

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Indiana Chamber of Commerce Congressional Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

20160520 14:40:40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1 OF 1 |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 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.

NAME OF COMMITTEE (In Full)
Indiana Chamber of Commerce Congressional Action Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. J. P. Morgan Chase | | Date of Disbursement 01 / 31 / 2024 |
| Mailing Address 1 East Ohio Street | | FEC Identification Number C |
| City Indianapolis State IN Zip Code 46204 | Purpose of Disbursement Account Analysis Charge 001 | Amount of Each Disbursement this Period 3000 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. J. P. Morgan Chase | | Date of Disbursement 02 / 29 / 2024 |
| Mailing Address 1 East Ohio Street | | FEC Identification Number C |
| City Indianapolis State IN Zip Code 46204 | Purpose of Disbursement Account Analysis Charge 001 | Amount of Each Disbursement this Period 500 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. J. P. Morgan Chase | | Date of Disbursement 03 / 31 / 2024 |
| Mailing Address 1 East Ohio Street | | FEC Identification Number C |
| City Indianapolis State IN Zip Code 46204 | Purpose of Disbursement Account Analysis Charge 001 | Amount of Each Disbursement this Period 500 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | |
| TOTAL This Period (last page this line number only).....▶ | 4000 |

999946200 | WO | IN | 40 | ANON

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Indiana Chamber of Commerce Congressional Action Committee

| | | |
|---|-------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | | |
| City | State | ZIP Code |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

TERMS

| | | | |
|----------------------|----------------------|----------------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|---|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2025 RELEASE UNDER E.O. 14176

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C.

| | | | | | |
|--|-------|---|--|---|--|
| NAME OF COMMITTEE (In Full) Indiana Chamber of Commerce Congressional Action Committee | | | FEC IDENTIFICATION NUMBER C <input style="width: 100px; height: 20px;" type="text"/> | | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan <input style="width: 150px; height: 20px;" type="text"/> | | Interest Rate (APR) <input style="width: 60px; height: 20px;" type="text"/> % | |
| Mailing Address | | | Date Incurred or Established <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | | |
| City | State | Zip Code | Date Due <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | | |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | If yes, date originally incurred <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | | |
| B. If line of credit, Amount of this Draw: <input style="width: 150px; height: 20px;" type="text"/> | | Total Outstanding Balance: <input style="width: 150px; height: 20px;" type="text"/> | | | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | | | What is the value of this collateral? <input style="width: 150px; height: 20px;" type="text"/> | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | | | Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| What is the estimated value? <input style="width: 150px; height: 20px;" type="text"/> | | | | | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | | | Location of account: _____ Address: _____ City, State, Zip: _____ | | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | | | |
| G. COMMITTEE TREASURER Typed Name _____ Signature _____ | | | | DATE <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | |
| 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 terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable 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 this loan. | | | | | |
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | | | | DATE <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> | |
| Title _____ | | | | | |

1-800-400-1000

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Indiana Chamber of Commerce Congressional Action Committee

| | | | |
|--|-------|----------|---------------------------|
| 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 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of 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 | | | |
| Amount Incurred This Period | Payment 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) ▶

| |
|--|
| |
| |
| |
| |

NON-CONFIDENTIAL

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

(To be used only by Political Committees in the General Election)

| | | | | | |
|--|----------------|------------------------------------|------------------------------------|------------------------|---|
| NAME OF COMMITTEE (In Full) | | | | | |
| Indiana Chamber of Commerce Congressional Action Committee | | | | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | | Full Name of Subordinate Committee | | | |
| | | Mailing Address | | | |
| | | City | State | ZIP Code | |
| Full Name (Last, First, Middle Initial) of Each Payee | | | <input type="checkbox"/> Memo Item | | Purpose of Expenditure |
| Mailing Address | | | | | <input type="checkbox"/> Category/ Type |
| City | State | Zip Code | | Date MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ | Amount | |
| | | Senate | District: _____ | | |
| | | Presidential | | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | <input type="checkbox"/> | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | | <input type="checkbox"/> Memo Item | | Purpose of Expenditure |
| Mailing Address | | | | | <input type="checkbox"/> Category/ Type |
| City | State | Zip Code | | Date MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ | Amount | |
| | | Senate | District: _____ | | |
| | | Presidential | | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | <input type="checkbox"/> | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | | <input type="checkbox"/> Memo Item | | Purpose of Expenditure |
| Mailing Address | | | | | <input type="checkbox"/> Category/ Type |
| City | State | Zip Code | | Date MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ | Amount | |
| | | Senate | District: _____ | | |
| | | Presidential | | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | <input type="checkbox"/> | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | | <input type="checkbox"/> Memo Item | | Purpose of Expenditure |
| Mailing Address | | | | | <input type="checkbox"/> Category/ Type |
| City | State | Zip Code | | Date MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ | Amount | |
| | | Senate | District: _____ | | |
| | | Presidential | | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | <input type="checkbox"/> | | |
| SUBTOTAL of Expenditures This Page (optional).....▶ | | | | | <input type="checkbox"/> |
| TOTAL This Period (last page this line number only).....▶ | | | | | <input type="checkbox"/> |

2025 RELEASE UNDER E.O. 14176

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 of Commerce 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

Indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

2025 RELEASE UNDER E.O. 14176

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Indiana Chamber of Commerce Congressional Action Committee

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.

| | | |
|--|---|--|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> |
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| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p> |

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

NAME OF COMMITTEE (In Full)
Indiana Chamber of Commerce Congressional Action Committee

| NAME OF ACCOUNT | DATE OF RECEIPT M M / D D / Y Y Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
| | | |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|---|--|
| i) Total Administrative | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities..... | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| 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) | |
| 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)..... | |

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

NAME OF COMMITTEE (In Full) **Indiana Chamber of Commerce Congressional Action Committee**

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: []
 Date: []/[]/[]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 [] + [] = []

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: []
 Date: []/[]/[]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 [] + [] = []

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: []
 Date: []/[]/[]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 [] + [] = []

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

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 TOTAL AMOUNT
 [] [] []

NON-FEDERAL SHARE

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)

NAME OF COMMITTEE (In Full)
Indiana Chamber of Commerce Congressional Action Committee

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

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).....

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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)

NAME OF COMMITTEE (In Full)
Indiana Chamber of Commerce Congressional Action Committee

| | | | | | |
|--|-------|----------|--------------------------|--|----------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> | Date | |
| Purpose of Disbursement | | | Category/Type | Date | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = TOTAL AMOUNT |

| | | | | | |
|--|-------|----------|--------------------------|--|----------------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> | Date | |
| Purpose of Disbursement | | | Category/Type | Date | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = TOTAL AMOUNT |

| | | | | | |
|--|-------|----------|--------------------------|--|----------------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> | Date | |
| Purpose of Disbursement | | | Category/Type | Date | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = TOTAL AMOUNT |

| | | | | | |
|---|--|---|-------------|--|----------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = TOTAL AMOUNT |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | | | |
| FEDERAL SHARE | | | LEVIN SHARE | | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | | | |

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**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: 1a 2
(check only one)

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)
Indiana Chamber of Commerce Congressional Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

| | | |
|--|---|-------------|
| Use separate schedule(s) for each category of the Aggregation Page | FOR LINE NUMBER: (check only one) | PAGE 1 OF 1 |
| | <input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input type="checkbox"/> 4d | |

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.

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| NAME OF COMMITTEE (In Full) | Indiana Chamber of Commerce Congressional Action Committee |
|-----------------------------|--|

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|--|---|-----|---|-------------|---|-------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | Date of Disbursement | | | | | | | | | |
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| B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | Date of Disbursement | | | | | | | | | |
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| E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item | Date of Disbursement | | | | | | | | | |
| | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td> </td> <td></td> <td> </td> <td></td> <td> </td> </tr> </table> | M M | / | D D | / | Y Y Y Y Y Y | | | | |
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| Mailing Address | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | | | | | | |
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XS JPNA

3761

Extre



5128253 114or2424.MZZA.581115.BFEF./CARR

FedEx Express US Airbill

400

FedEx Tracking Number 8663 5400 9067

1 From This portion can be removed for Recipient's records

Date _____ FedEx Tracking Number _____

Sender's Name _____

Phone 317 264-3110

Company INDIANA STATE CHAMBER OF COMM

Address 115 W WASHINGTON ST

City INDIANAPOLIS State IN ZIP 46204-0420

2 Your Internal Billing Reference _____

3 To Recipient's Name _____ Company _____

Recipient's Address _____ City _____ State _____ ZIP _____

Address To request a package be held at a specific FedEx location, print FedEx address here.

City _____ State _____ ZIP _____

9067 04 12 210:30



8663 5400 9067

FRI - 12 APR AA PRIORITY OVERNIGHT

20002 DC-US IAD

9067 04 12

210:30

0215

RT 724 Recipients Copy

4a Express Package Service
FedEx Priority Overnight
FedEx Standard Overnight
FedEx Express Saver
FedEx 2Day
FedEx 1Day Freight
FedEx 2Day Freight

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Tube
FedEx Box
FedEx Other

6 Special Handling
SATURDAY Delivery
HOLD Saturday at FedEx Location
HOLD Weekday at FedEx Location
HOLD Saturday at FedEx Location

7 Payment Bill to
Recipient
Third Party
Credit Card
Cash/Check

Total Packages
Total Weight

8 Residential Delivery Signature Options
No Signature Required
Direct Signature
Indirect Signature


RECEIVED FEC MAILCENTER

2024 APR 12 10:05

Insert shipping document here

FedEx.com 1800.GoFedEx 1800.463.3339

2024-04-12 14:40:50

| 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. | | |
| <input type="checkbox"/> Hand Delivered | | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | | Postmarked |
| <input type="checkbox"/> Postmark Illegible | | |
| <input type="checkbox"/> No Postmark | | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i> | Shipping Date <i>04/11/2024</i> | Date of Receipt <i>04/12/2024</i> |
| | Next Business Day Delivery | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received via FAX | | Date of Receipt |
| <input type="checkbox"/> Received via Email | | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | | Date of Receipt or Postmarked |
|  | | <i>04/12/2024</i> |
| PREPARER | | DATE PREPARED |

(4/2023)