12030772107

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 APR 12 AM 11: 28

I. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 HALCENTER

LNDIANA CHA	MBER CO	N GRESSII	DNAL ACT	IDN COMN	ANTITET
<u> </u>					
ADDRESS (number and street)	LILS W.	NASHING	ton str	BET JSI	11 TE 850S
Check if different than previously reported. (ACC)	LINDIANA ANA LONI	POLIS		IN 40	12,0 <i>f</i> -1
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		STATE A	ZIP CODE A
CO.0.40.555	13	3. IS THIS REPORT	NEW OR	AMENDI (A)	ED .
4. TYPE OF REPORT (Choose One) (a) Quarterly Reperts: April 15 Quarterly Report (Quarterly Report (Year-End Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Electi Report for (d) 30-Day	on the: Con Election on Con tion Gen	May 20 (M5) Jun 20 (M6) Jul 20 (M7) Hary (12P) Pention (12C) eral (30G)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period		012 "	nrough 03	31 2	ol2
I certify that I have examined the Type or Print Name of Treasure	is Report and to the b	est of my knowledge Barne	ge and belief it is true	ue, correct and com	plete.
Signature of Treasurer NOTE: Submission of falsa, errong		Barne Dane mation may subject		Date /	1 2 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Office Use Only				F	EC FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Schedule C and/or Schedule D)

Page 2

Write	or	Type	Committee	Name
AALIEG	v.	1400		1460110

Indiana	Chamber	Congressional	Action	Committee
				<u> </u>

Report	Covering	the	Period:
--------	----------	-----	---------

From:

M	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
O.H		(0.1)

<u>î</u> 2

2012

То:



2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		856.90
	(b) Cash on Hand at Beginning of Reporting Period	0P.JBB	
	(c) Total Receipts (from Line 19)		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	856.90	
7.	Total Disbursements (from Line 31)	9.00	9.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	847.90	841.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on		

For further information contact:

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

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

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

12030772109

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
Indiana Chamber (ongressional Action	Commi Hee
· · · · · · · · · · · · · · · · · · ·		(CMC) (CMC) / (CMC) / (CMC) CMC) CMC
Report Covering the Period: From:)	o: 03 31 2012
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		
(i) Itemized (use Schedule A)		
(ii) Unitemized		<u> </u>
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶		Larana -
(1) B-8%1 B : 0 : "	0	
(b) Political Party Committees		Lanarina
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶		O
12. Transfers From Affiliated/Other		
Party Committees		
Party Committees		
13. All Loans Received		
TO. All Estato Hoodivod		
44 Loss Bensyments Besshind		
14. Loan Repayments Received		Lange
 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		0
17. Other Federal Receipts		
(Dividends, Interest, etc.)	O	N
18. Transfers from Non-Federal and Levin Fun		
(a) Non-Federal Account		
(from Schedule H3)		
·		
(b) Levin Funds (from Schedule H5)		
,		
(c) Total Transfers (add 18(a) and 18(b))		Ö
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶		
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶		

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	iotal Tills Fellod	Calefidal Teal-to-Date
•	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Faderal Share		
	.,		
	(ii) Non-Federal Share	Lanana	Lannan
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		Ö
22.	Transfers to Affillated/Other Party		
22	Contributions to		
25.	Federal Candidates/Committees		6
24	and Other Political Committees		
	•	O	0
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
		O	6
26.	Loan Repayments Made		
27.	Loans MadeRefunds of Contributions To:		, a a a a a a a
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		L Q
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	9.00	9.00
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share	Lanana	Lannana
	(b) Federal Election Activity Paid Entirely With Federal Funds		Q V
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
_			
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		L
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	TEO TOTAL ON (TICK OFFEDOD)		i ago o
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)	0	0
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0,7,7,7,7,7	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0	0 0 0 0 0 0 0
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	with the		
	/nv	avesinnal Ac	tion Committee
Full Name (Last, First, Middle Initial)	CUIL	אינטפוטובעו אל אל	ALOUI COMMINICE
A		<u>-</u>	Date of Receipt
Mailing Address			LMAND \ LANANAD
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		†
Receipt For:	Aggregate	Year-te-Date ▼	-
Primary ☐ General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B.			Date of Receipt
Mailing Address			
City			
•	State	Zip Code	Annual of Four Bounds State
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	~	¬
FEC ID number of contributing	Occupation		¬
FEC ID number of contributing federal political committee.	Occupation		¬
FEC ID number of contributing federal political committee. Name of Employer	Occupation		¬
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Occupation	Year-to-Date ▼	¬
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation	Year-to-Date ▼	
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C.	Occupation	Year-to-Date ▼	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City	Occupation Aggregate	Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address	Occupation Aggregate	Year-to-Date ▼	Date of Receipt WYW / DUD / YYYYYY
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Aggregate	Year-to-Date ▼ Zip Code	Date of Receipt Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Aggregate State C Occupation	Year-to-Date ▼ Zip Code	Date of Receipt Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	Occupation Aggregate State C Occupation	Year-to-Date ▼ Zip Code	Date of Receipt Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Occupation Aggregate State Occupation Aggregate	Year-to-Date ▼ Zip Code Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period

SCHEDULE B. (FEC Form 3X)

SCHEDOLE B (FEC FORIII 3A)	Use separate schedule(s)	FOR LINE N		E OF		
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22			
	Detailed Summary Page	27	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.						
NAME OF COMMITTEE (In Full)			~			
Indiana Chamber	Congressiona	al Ac	tion Comm	nithce		
Full Name (Last, First, Middle Initial) A.	J		Date of Disbursement			
			[M\M]\[__\\]\[_\\\\\\\\\\\\\\\\\\\\\	υ Υ υ Υ υΥ]		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	·					
Candidate Name		Category/	Amount of Each Disbursen	· · · · · · · · · · · · · · · · · · ·		
Office Sought: House Disbursen	nent For:	Туре		<u></u>		
Senate	Primary General					
State: District:	Other (specify) ▼	[
Full Name (Last, First, Middle Initial)						
В.		{	Date of Disbursement			
Mailing Address						
City						
Purpose of Disbursement						
Candidate Name		Category/	Amount of Each Disbursen			
Office County		Type		<u></u>		
Office Sought: Honse Disburser Senate	nent For: Primary					
President	Other (specify)					
State: District: Full Name (Last. First, Middle Initial)				 		
C.			Date of Disbursement			
Mailing Address			M-7-M-) / L0-7-D-) / L4	<u> </u>		
City	State Zip Code					
Purpose of Disbursement			Amount of Foot State	and this Party d		
Candidate Name	Amount of Each Disbursen					
Office Sought: House Disburser	ment For:	Type		<u></u>		
Senate	Primary General	1				
President State: District:	Other (specify) ▼]				
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)		<u>_</u>				

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the

PAGE OF
FOR LINE 13 OF FORM 3X

	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressi	onal Action Committee
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	General
Mailing Address	Other (specify) ▼
City State ZIP Co	ode
Original Amount of Loan Cumulative Payment To	
TERMS Date Incurred Date Due	Internet Pata Coursed
	Interest Rate Secured: (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	Beautiful and the state of the
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for					
Information	found on				
Page	of Schedule T				

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Indiana Chamber C 0040 Action Committee LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established ם עים City State Zip Code Date Due If yes, date originally incurred A. Has loan been restructured? B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, geods, negotiable Instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? □ No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: 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 DATE

I.	10	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.

- 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.
- 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.

Company and the company			
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name		(M) (CM)	[Y
Signature	Title		
	İ		<u> </u>

Typed Name Signature

Attach a signed copy of the loan agreement

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

xcluding Loans	numbered line)
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional	Action Committee
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	. Nature of Debt (Purpose):
Mailing Address	
Maining Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
Language Language	and barranand
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 o	

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Indiana Chamber Congressional Action Committee 48-hour report New report Amends report filed on Check if 24-hour report Full Name (Last, First, Middle Initial) of Payee Date Mailing Address City State Zip Code Office Sought: State: Purpose of Expenditure House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address **Amount** City State Zip Code State: Office Sought: House Purpose of Expenditure Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for 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 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.

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

PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Action Committee coordinated expenditures by a political party committee? T YES ☐ NO If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount District: Senate **Presidential** Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code City Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate > Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate > 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 Ongressional Action Committee USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check 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

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committees						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.						
Methods of allocation:						
FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised.	nod" where the federal pro	oportion of				
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. Fer PACs Only: Direct candidate support includes public communications or voter thrives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.						
ACTIVITY OR EVENT IDENTIFIER	·					
	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising	%	<u> </u>				
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: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	~~~~ %	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported	<u></u> %	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	~~~~ %	 %				

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

PAGE	 С	F	
FOR !	 		

NAME OF COMMITTEE (In Full)		
Indiana Chamber (Congressional	Action Committee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	(TOUR) (TOUR) / (TOUR)	
BREAKDOWN OF TRANSFER RECEIVED	l 	
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Ide	entifier)	
1		~~~
a)		
b)		9
c) Total Amount Transferred For Direct Fund	raising	
v) Direct Candidate Support (List Activity or E	vent Identifier)	
a)		
b)		
c) Total Amount Transferred For Direct Cand	idate Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS F	OR BREAKDOWN OF TRANSFER F	ECEIVED
TOTAL This Period (Administrative)	li li	
TOTAL This Period (Generic Voter Drive)		
(25.3.6 13.6 2.1.3)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referrin	g Only to Party)	
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATE

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	ÖF		
FOR LINE	21a OF	FORM	зх

lr	ME OF COMMITTEE (In Full) Wiaha Chamber Co	wayessis	onal Actio	n Committee
A.	Full Name (Last, First, Middle Initial)	J. 1910 3310	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Allocated Activity or Event:
_	Mailing Address			Administrative Fundraising Exempt
	Mailing Address .		· ·	Voter Drive Direct Candidate Support
7	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 Date
-	FEDERAL SHARE	+ NONFE	DERAL SHARE	= TOTAL AMOUNT
				
		<u></u>	<u></u>	
3.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
-	Mailing Address	1200		Administrative Fundraising Exempt
_		Ohana Zia	Codo	Voter Drive Direct Cendidate Support
	City	State Zip	Code	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Purpose of Disbursement:			Aiocated Activity of Event Teal-10-Date
-	Activity or Event Identifier:			
	Activity of Event Identifier.		Category/ Type	Date
-	FEDERAL SHARE	+ NONFE	EDERAL SHARE	= TOTAL AMOUNT
-	FEDERAL SHARE	+ NONFE	EDERAL SHARE	= TOTAL AMOUNT
- 3.				101/12/11/100111
_	Full Name (Last, First, Middle Initial)			
_				Allocated Activity or Event:
-	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
-	Full Name (Last, First, Middle Initial) Mailing Address City		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
-	Full Name (Last, First, Middle Initial) Mailing Address City		Code Category/	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zip	Code Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
-	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zip	Code Category/	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	State Zip	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
- -	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	State Zip	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
- -	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE BTOTAL of Allocated Federal and NonFederal AFEDERAL SHARE	State Zip NONFE	Code Category/ Type DERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
- -	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE BTOTAL of Allocated Federal and NonFederal A	State Zip + NONFE Activity This Page + NONFE	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
- - SUI	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE	State Zip H NONFE Activity This Page H NONFE Gederal share to 21(Category/ Type EDERAL SHARE DERAL SHARE a)(i) and NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT are to 21(a)(ii))
SU	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE FEDERAL SHARE	State Zip H NONFE Activity This Page H NONFE Pederal share to 21(NONFE	Category/ Type DERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT 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)

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	FOR	LINE	18b	OF	FORM	3

NAME OF COMMITTEE (In Full)	^	A C
	<u>Congressional</u>	AGION COMMITTEE
NAME OF ACCOUNT	DATE OF DECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION [
Total Amount Transferred for Voter		
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter	ID	GOTV
iii) GOTV Total Amount Transferred for GOTV	<u></u>	
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Gene	ric Campaign Activity	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	TRATION
Total Amount Transferred for Voter	Registration	
ii) Voter ID	لسبسب	VOTER ID .
Total Amount Transferred for Voter	ID	
iii) GOTV		GOTV
Total Amount Transferred for GOT	/	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	ric Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Iotal Amount Transletted for Gene	Tic Campaign Activity	
TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (Last Page Only)
	\ 	
TOTAL This Period (Voter Rogistration)		
TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign A	ctivity)	
,	. . .	
TOTAL This Period (Total Amount of Tran	sfers 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	UF	
FOR LINE	30a OF	FORM 3X

NAME OF COMMITTEE (In Full)	
Indiana (hamber Conaressional	Action Committee
THE COLUMN STORY	Time of Alberted Arthritis on Timesti
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
1	
City State Zip Code	
Purpose of Disbursement Category	ory/ Date
Туро	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
[Lange of the second of the se	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
}	Voter ID Generic Campaign
	Allocated Activity or Frank Year To Day
Mailing Address	Allocated Activity or Event Year-To-Date
City Line Code	
City State Zip Code	
Purpose of Disbursement Category	المممممما الوموا ، الممممما
Catego	
	= TOTAL AMOUNT
	- ICIAI AMIJINI
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event: Voter Registration GOTV
	Type of Allocated Activity or Event: Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
	Type of Allocated Activity or Event: Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ B Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ e TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ e TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement . Category Typi FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ e TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement . Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement . Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ Date TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ B TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Typi FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii) and Levin share to 30(a)(iiii) and Levin share to 30(a)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share share to 30(a)(i) and Levin share share to 30(a)(i) and Levin share share to 30(a)(i) and Levin share share to 30(a)(i) and Levin share share share to 30(a)(i) and Levin share share share to 30(a)(i) and Levin share share share share share to 30(a)(i) and Levin share sha	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Typi FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ e TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share share share share share to 30(a)(i) and Levin share sha	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Ory/ e TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee NAME 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. 3.	TOTAL RECEIPTS			
	(Add Lines 1c and 2)			
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(for Column B, use cash as of January 1st)			
8.	RECEIPTS(from Line 3)			
9.	SUBTOTAL(Add Lines 7 and 8)			
10.	DISBURSEMENTS(From Line 6)			
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)			
			·	

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: (check only one)

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OF

PAGE

or for commercial purposes, other than using			son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	A	, , ,	
/ Indiana Chamb	er Congress	aional A	iction committee
Full Name (Last, First, Middle Initial) / Full	Organization Name		Date of Receipt
Α.			
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
•		. ·	
Name of Employer or Principal Place of Bu			Aggregate Year-to-Date
Occupation			
Gull Name / Lack Fire a series and a	Organization		
Full Name (Last, First, Middle Initial) / Full B.	organization Name		Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
•			
Name of Employer or Principal Place of Bu	- wen 1903		Aggregate Year-to-Date
Occupation			
Cull Name /Leet Clast Middle Latter	Organization Name		
Full Name (Last, First, Middle Initial) / Full C.	u Organization Name		Date of Receipt
Mailing Address			Amount of Each Descire this Desire
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Bi	usiness		- Lananan
			Aggregate Year-to-Date
Occupation	 		
Full Name (Last, First, Middle Initial) / Full	Organization Name		Date of Receipt
D.	g		CMANA / LOSO / LASASAA
Mailing Address	<u></u>		1 L L
			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Bi	lusiness		
Occupation			Aggregate Year-to-Date
Occupation			
OUDTOTAL A T			
SUBTOTAL of Receipts This Page (optional)	······································		
TOTAL This Period (last page this line numb	ber only)		

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	ìΕ		OF	
(check only one)		4a		4c	5	;
	Ц	4b		4d		

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full)		
Indiana Chamber Conar	essional Acti	on Committee
Full Name (Läst, Firšt, Middle Initial) / Full Organization Name.	u	Date of Disbursement
Mailing Address		M.A.M. \ [0.20] \ [A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name	е	Date of Disbursement
		Date of Dispursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization NamC.	le l	Date of Disbursement
		Date of Disputsement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Dishursement		
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
		LACARAN (LOGO) (LACARAN)
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization NamE.	le	Date of Disbursement
		Date of Disputsement
Mailing Address		
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)		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING Do The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	tion™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed S	Shipping Date 4/11/12 Day Delivery
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
Other (Specify):	eipt or Postmarked
EN .	4/12/12
(3/2005)	DATE PREPARED