# 2024-01-26-03-00459127

**FEC** FORM 3X

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

RECEIVED FEC MAILCENTER

								_	7024 11	N 26 on Party	ੜ:⊙ਸ਼ <sup>\</sup> \	
1.	NAME OF COMMITTEE	(in full)	TYPE	OR	PRINT <b>V</b>		cample: If ty er the lines		12FI	E4M5		_
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2.	FEC IDENTI	FICATION	NUMBE	ER▼		CITY A	<u>.</u>		STATE	<b>\</b>	ZIP CO	DE 🛦
	C 00	40559	7	]		3. IS THIS REPOR		NEW (N) OF	3 <b></b>	AMENDED (A)		
4.	TYPE OF F	REPORT	(b	) Mor Rep		Feb 20 (M	2)	May 20 (M	15)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
		<b>5</b>	1	Due	On:	Mar 20 (M:	3)	Jun 20 (M	6)	Sep 20 (M9)		Dec 20 (M12) (Non-Election
	(a) Quarterly	керопѕ:			n	Apr 20 (M4	, <u> </u>	Jul 20 (M7	,	Oct 20 (M10)	$\overline{\Box}$	Year Only) Jan 31 (YE)
	April Qua	15 rterly Report	(Q1)		الا		- Innel					
	☐ July	15		(c)	12-Day PRE-Election		Primary (1	12P)	Ge	neral (12G)	Ц	Runoff (12R)
		rterly Report	(Q2)		Report for	the:	Conventio	n (12C)	Sp	ecial (12S)		
		rterly Report	(Q3)					/	/ <b>EVI</b> VI	<b>VIV</b>	in the	
		iary 31 -End Report	(YE)			Election on					State o	
	Repo	31 Mid-Year ort (Non-elec Only) (MY)		(d)	30-Day POST-Elect Report for		General (3	30G)	Ru	noff (30R)		Special (30S)
	Term (TEF	nination Repo	ort		., .	Election on	W • W	/ 0 0	/ <b>****</b>		in the State o	f
5.	Covering Peri	od 0	7 /	0	1 / 2	0 2 3	through	1	2 / 3	1 / 2 0	2 3	
Гсе	ertify that I have	e examined	this Re	port a	nd to the b	est of my kn	owledge an	d belief it is	true, corre	ct and comple	te.	
Тур	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											
Sigr	nature of Treas	surer	Jo	M:	Zm	7			Date	0 1 / 2	5 /	2 0 2 4
NO	TE: Submission	of false erro	oneous	or inc	nmolete info	rmation may	subject the r	erson sianing	this Reno	rt to the nenalti	es of 52	U.S.C. § 30109
	Office	or idiae, em	c.icous,	J. 1110	ompiete iiilo	The state of the s	Jabjeet trie p	,c.sorr signific	, and repu	1		
ı	Use										FOR Rev. 05/20	

SUMMARY	PAGE
OF RECEIPTS AND DIS	SBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Indiana Chamber Congressional Action Committee Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... 0 0 (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) ..... 0 0 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M).

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

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# Indiana Chamber Congressional Action Committee

R	eport Covering the Period: From:	0 7 / 0 1 / 2 0 2 3 <sub>To:</sub>	1 2 / 3 1 / 2 0 2 3
	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)	0000	0000
	(ii) Unitemized	0000	0000
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0 0 0 0	0 0 0 0
	(b) Political Party Committees	0 0 0 0	0000
	(c) Other Political Committees (such as PACs)	0000	0000
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	0 0 0 0	0000
12.	Transfers From Affiliated/Other Party Committees	0 0 0 0	0.0_0.0
13.	All Loans Received	0000	0000
	Loan Repayments Received Offsets To Operating Expenditures	0 0 0 0	0 0 0 0
	(Refunds, Rebates, etc.)	0 0 0 0	0 0 0 0
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	0000	0 0 0 0
17.	Other Federal Receipts (Dividends, Interest, etc.)	. 0000	0000
18.	Transfers from Non-Federal and Levin Fu (a) Non-Federal Account	unds	475 475 475
	(from Schedule H3)	0000	0000
	(b) Levin Funds (from Schedule H5)	0 0 0 0	0000
	(c) Total Transfers (add 18(a) and 18(b))	0000	0000
			·
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0 0 0 0	0000
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0000	0 0 0 0

• FEC Form 3X (Rev. 05/2016)

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Outched Four to Dute
	Activity (from Schedule H4)		
	(i) Federal Share	0000	0000
	(ii) Non-Federal Share	0000	0000
	(b) Other Federal Operating Expenditures	3000	3000
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	3000	, 3000
22.	Transfers to Affiliated/Other Party		
	Committees	0000	0000
<b>23</b> .	Contributions to Federal Candidates/Committees		
	and Other Political Committees	0000	0 0 0 0
24.	Independent Expenditures (use Schedule E)	0 0 0 0	
25.	Coordinated Party Expenditures		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0 0 0 0	0000
	•		
26.	Loan Repayments Made	0000	0,0,0,0
	Loans MadeRefunds of Contributions To:	0 0 0 0	00.00
	(a) Individuals/Persons Other		. 00 00
	Than Political Committees	0000	
	(b) Political Party Committees	0 0 0 0	0000
	(c) Other Political Committees		
	(such as PACs)	0000	0 0 0 0
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0000	0 0 0 0
20	Other Disbursements (Including		
25.	Non-Federal Donations)	0000	00.00
	Tron I dddidi Bandionoy		
30.	Federal Election Activity (52 U.S.C. § 30101(2	0))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0 0 0 0	0 0 0 0
	(ii) "Levin" Share	0.0.0.0	
	(b) Federal Election Activity Paid	0000	
	Entirely With Federal Funds	0 0 0 0	0000
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0 0 0 0	0 0 0 0
	· '		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000	3 0 0 0
32	Total Federal Disbursements		
V2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0 0 0 0	0000
	,		

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)	0 0 0 0	00.00		
.34.	Total Contribution Refunds (from Line 28(d))	0000	0000		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000	0 0 0 0		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3 0 0 0	3 0 0 0		
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)	3 0 0 0	3 0 0 0		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 1 OF 1			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
/Indiana Chamber Congression						
Full Name of Individual (Last, First, Middle In	itial) or Full C	organization Name	Date of Receipt			
Mailing Address						
City	State	Zip Code				
FEC ID number of contributing		<del></del>	Amount of Each Receipt this Period			
federal political committee.	C					
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item			
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	7			
Primary General Other (specify) ▼		77 4 4 75 4 4 75				
Full Name of Individual (Last, First, Middle In	itial) or Full C	Organization Name				
B. Mailing Address			Date of Receipt			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing	C.	<del></del>				
federal political committee.			_ <del> </del>			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item ,			
Receipt For:	Aggregate	Year-to-Date ▼	7			
Primary		ΛΛΔ.				
Full Name of Individual (Last, First, Middle In	itial) or Full C	Arganization Name	·			
C			Date of Receipt			
Mailing Address			Mam / Bab / Aadaa			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C .					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify)		32 1 4 22 1 4 22 1				
SUBTOTAL of Receipts This Page (optional)						

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

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1 OF 3					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
···	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State	ements may not be sold or used	Щ.	<del></del>				
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
/ Indiana Chamber Congression	al Action Committee						
Full Name (Last, First, Middle Initial)			Date of Disbursement				
J. P. Morgan Chase	·	·					
Mailing Address  1 East Ohio Street	, <u>.</u>		0 6 / 3 0 / 2 0 2 3				
City Indianapolis	State Zip Code 46204	4	FEC Identification Number				
Purpose of Disbursement		<del></del>					
Account Analysis Cha	·	0 0 1					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	ement For	-	5 0 0				
President	Primary General Other (specify) ▼		Memo Item				
State: District:			Wellio Relli				
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement				
J. P. Morgan Chase							
Mailing Address  1 East Ohio Street			0 7 / 3 1 / 2 0 2 3				
City Indianapolis	State Zip Code 4620	14	FEC Identification Number				
Purpose of Disbursement	F						
Account Analysis Cha		0 0 1	Amount of Each Dishuseamont this Resid				
		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate	ement For: Primary General		5 0 0				
President	Other (specify)		Memo Item				
State: District:	·		U Wello Kell				
Full Name (Last, First, Middle Initial) C.		i	Date of Disbursement				
J. P. Morgan Chase			0 8 / 3 1 / 2 0 2 3				
Mailing Address  1 East Ohio Street			لتحتما لتما لتما				
City Indianapolis	State Zip Code 4620	4	FEC Identification Number				
Purpose of Disbursement	ſ	0 0 1	C				
Account Analysis Cha	<u> </u>	Category/	Amount of Each Disbursement this Period				
Office County		Type	5 0 0				
Office Sought: House Disburse Senate	ement For:    Primary   General						
President	Other (specify) ▼		Memo Item				
State: District:							
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>					
TOTAL This Period (last page this line number only	r)						

	CHEDULE B (FEC FORM 3X)	line concrete cohodulo/o\			NUMBER:	PAGE 2 OF 3	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check or for each category of the				26 27	
		Detailed Summary Page 28a				29 30b	
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٣	NAME OF COMMITTEE (In Full)	uniu audii	225 5. drij political	35	Tanak Continuations Holl		
$ \rangle$	Indiana Chamber Congressiona	I Action	Committee			:	
$\angle$	Full Name (Last, First, Middle Initial)			······································			
A.	J. P. Morgan Chase				Date of Disbursement	:	
	Mailing Address				0 9 / 2 9	/ 2 0 2 3	
	1 East Ohio Street		T			<u> </u>	
	City Indianapolis S	State IN	Zip Code 46204	4	FEC Identification Nur	nber	
	Purpose of Disbursement			001	C		
	Account Analysis Charge Candidate Name	e	L	0 0 1	Amount of Each Disb	ursement this Period	
				Category/ Type	Amount of Each Disb	· · · · · · ·	
	Office Sought: House Disbursem	nent For: Primary	General			5 0 0	
		Other (spec	L		Memo Item		
_	State: District:						
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement	:	
	J. P. Morgan Chase				10/21	/ 2 0 2 3	
	Mailing Address 1 East Ohio Street					2020	
	City   S	State IN	Zip Code 4620	14	FEC Identification Nur	mber	
	Purpose of Disbursement					<del></del>	
	Account Analysis Charg	je		0 0 1	C		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disbursem	1				5 0 0	
	<b>├</b> ─┤   <b>├</b> ─┤	Primary Other (spec	General				
	State: District:		,,		Memo Item		
<del></del>	Full Name (Last, First, Middle Initial)				Date of Disharana		
U.	J. P. Morgan Chase				Date of Disbursement	(	
	Mailing Address  1 East Ohio Street				1 1 / 3 0	/ 2 0 2 3	
	City Indianapolis	State IN	Zip Code 4620	4	FEC Identification Nur	nber	
	Purpose of Disbursement	0 0 1	С				
	Candidate Name Account Analysis Charg	Category/	Amount of Each Disbu	ursement this Period			
	Office Sought:   House   Disbursem	Туре		5 0 0			
	Senate 🔲 I						
President Other (specify) ▼ State: District:					Memo Item		
Γ							
s	UBTOTAL of Disbursements This Page (optional)			·····• <u></u>		<i>T</i>	
Т	OTAL This Period (last page this line number only).			·····• <b>&gt;</b>			

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SCHEDULE B (FEC Form 3)	() FOR LIN	IE NUMBER: PAGE 3 OF 3
ITEMIZED DISBURSEMENTS		nly one)
	Detailed Summary Page	22 23 26 27
Agu information against feet such Department		8a 28b 28c 29 30b
	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congre	ssional Action Committee	
Full Name (Last, First, Middle Initial)  A.		Date of Disbursement
J. P. Morgan Chase		
Mailing Address  1 East Ohio Street		1 2 / 3 1 / 2 0 2 3
City Indianapolis	State Zip Code 46204	FEC Identification Number
Purpose of Disbursement	is Charge	
Candidate Name	is Charge . Category/	Amount of Each Disbursement this Period
	Туре	· · · · · · · · · · · · · · · · · · ·
Office Sought: House D	isbursement For General	5 0 0
President	Other (specify)	Memo Item
State: District:	•	L Weine Rein
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
		. Sale of Statistical
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		
Account Analy	sis Charge	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House D	isbursement For:	
Senate	Primary General	
State District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		†
C.		Date of Disbursement
Mailing Address	· ·	
City .	State Zip Code	FEC Identification Number
Purpose of Disbursement  Account Analysis	C	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: House D	Type isbursement For:	
Senate	Primary General	
State: District:	Other (specify)	Memo Item
SUBTOTAL of Disbursements This Page (on	otional)	<del></del>
		3 0 0 0
TOTAL THIS FERIOD (Tast page this tine numb	per only)	

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

**PAGE** OF Use separate schedule(s) for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Election: ☐ Memo Item LOAN SOURCE Full Name (Last, First, Middle Initial) **Primary** General Mailing Address Other (specify) ▼ City ZIP Code State Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date TERMS Date Incurred Date Due Interest Rate Secured: Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code **Amount** Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code **Amount** Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code **Amount** Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code **Amount** Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If 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 1 of Schedule C

ederal Election Commiss	ion, Washington,	D.C.			
NAME OF COMMITTEE	(In Full)	<del></del>		FFC	C IDENTIFICATION NUMBER
Indian	a Chamber (	Congressiona	I Action Committee	C	
ENDING INSTITUTION	(LENDER)		Amount of Loan		Interest Rate (APR)
Full Name					%
Mailing Address			Date Incurred or Establishe	ed M • M	/ <b>0 0</b> / <b>Y Y Y Y</b>
City	State	Zip Code	Date Due	жты	/ В В / У У У У У У У У У У У У У У У У
A. Has loan been re	structured?	lo Yes	If yes, date originally incur	red	/ 0 0 0 / 7 7 7 7 7
B. If line of credit,  Amount of this Dr	aw:	7-1-1-	Total Outstanding Balance:		
C. Are other parties  No Ye	•		rred? nust be reported on Schedule C	C.)	
stocks, accounts r	eceivable, cash of second seco	on deposit, or oth	of deposit, chattel papers, er similar traditional collateral?  erest income, pledged as specify:	interest in i	ender have a perfected security it? No Yes e estimated value?
A depository acco	unt must be esta	blished pursuant	Location of account:	<b>L</b>	
to 11 CFR 100.82	(e)(2) and 100.14	42(e)(2).	Address		
Date acco	unt established:		Address:		
	/ /		City, State, Zip:		
F. If neither of the type the loan amount, s	pes of collateral of state the basis up	lescribed above woon which this loa	vas pledged for this loan, or if the in was made and the basis on v	e amount pled which it assure	dged does not equal or exceed s repayment.
G. COMMITTEE TRE	ASURER	<del></del>	,	DATE	
Typed Name Signature		<del>-</del> 4.			/ 000 / 7000
H. Attach a signed of	copy of the loan	agreement.		· · · · · · ·	
I. TO BE SIGNED  I. To the best are accurate  II. The loan wa similar exten  III. This institution	BY THE LENDIN of this institution's as stated above s made on terms sions of credit to on is aware of the	G INSTITUTION: knowledge, the and conditions (i other borrowers requirement tha	terms of the loan and other info including interest rate) no more of comparable credit worthiness t a loan must be made on a ba CFR 100.82 and 100.142 in ma	favorable at th sis which assu	ne time than those imposed for ures repayment, and has
AUTHORIZED REPRESE			2	DATE	
Typed Name Signature	· · · · · · · · · · · · · · · · · · ·	Ţ,	Title		, B.B., Y.Y.Y.Y.
		l l			

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

(Use separate schedule(s) for each

PAGE OF

FOR LINE NUMBER: (check only one) **Excluding Loans** numbered line) 10 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 City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred 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 Outstanding Balance at Close of This Period Amount Incurred 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

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 1 OF 1
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional A	ction Comr	nittee		C
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on Mam / Dad / Varage
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
				M • M / B • b / V • V • V • V
Mailing Address				Amount
City	State	Zip Code		
				Date of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	<del></del>		Disbu	rrsement For: Primary General
	<u> </u>		L_,	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				
				Amount
City	State	Zip Code	$\neg$	
				Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M M / D D / V V V V V
Name of Federal Candidate:		Support	Office	Sought: House District.
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbu	rsement For:  Primary General  Other (specify) ▶
<del></del>				
(a) SUBTOTAL of Itemized Independent Expenditures	•••••			
(a) SUBTOTAL of Uniternized Independent Expenditur	es	•••••	•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Signature		_ Date	, <b>_</b>	M / 0 0 0 / VIVIV

### 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 FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City ZIP Code Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Type 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 > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure ☐ Memo Item Category/ Mailing Address Type 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 > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type 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)

AME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below
Indicate ratio below
Indicate ratio below  Federal%
Indicate ratio below  Federal

# SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Ac	ction Committee					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.					
Methods of allocation:						
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	nod" where the federal pro	pportion of				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a mare allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both				
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  ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:    Fundraising	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:  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						

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

LLOC	ATED FEDERAL / NONFEDERAL	. ACTIVITY		FOR LINE 18a OF FORM	/1 3X
AME C	F COMMITTEE (In Full) Indiana Chan	nber Congressional	Action Committ	ee	
NAMI	E OF ACCOUNT	DATE OF RECEIPT	<del></del>	OTAL AMOUNT TRANSFERRED	$\dashv$
		M - M / D - D / Y		A 575 A 575 A 575 A	
BREA	AKDOWN OF TRANSFER RECEIVED			****	_
i)	Total Administrative	······································			┛╽
ii)	Generic Voter Drive	······			]
iii)	Exempt Activities				
iv)	Direct Fundraising (List Activity or Event Iden	tifier)			
	a)	7			
	b)	7		•	
	c) Total Amount Transferred For Direct Fundrai	sing		**************************************	
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)			
	a)	7			
	b)				
	c) Total Amount Transferred For Direct Candida	ate Support			]
vi)	Public Communications Referring Only to P	arty (Made by PAC)			
	TOTALS FOR	R BREAKDOWN OF TRANS	FER RECEIVED		
TOTAL	This Period (Administrative)		<del></del>		
TOTAL	This Period (Generic Voter Drive)		<u> </u>		
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)				]
					- 1

PAGE 1

OF

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## SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
FOR LI	NF 2	1a OF	FORM	3X

	Illularia	Chambe	r Congressi	onal Action	Committee
١.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				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:				
	. 11 . 10			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
		<u> </u>	77. 8. 8. 77.		
3.	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 Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			<del>7                                    </del>		
<b>)</b> .	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zıp Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	l			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			لــــا	
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			<del>7</del> 1 2 7		
SI	UBTOTAL of Allocated Federal and NonFedera	al Activity This			- TOTA ANGUNIT
	FEDERAL SHARE	ا ً ا	NONFEDERAL	SHARE	TOTAL AMOUNT
		<u>محما</u> ل	75 4 4 75	<u> </u>	
T	OTAL This Period (last page for each line only	/)(Federal sha	re to 21(a)(i) and	NonFederal sha	are to 21(a)(ii))
T	OTAL This Period (last page for each line only FEDERAL SHARE	)(Federal sha	re to 21(a)(i) and NONFEDERAL		are to 21(a)(ii))  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)	PAGE 1 OF 1 FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional Action Com	mittee
NAME OF ACCOUNT  DATE OF RECEIPT  TO THE PROPERTY OF THE PROPE	OTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration  Total Amount Transferred for Voter Registration	~
ii) Voter ID	<del></del>
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	NERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
NAME OF ACCOUNT DATE OF RECEIPT T	OTAL AMOUNT TRANSFERRED
	7
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTRATION	
Total Amount Transferred for Voter Registration	
ii) Voter ID	)
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV  Total Amount Transferred for GOTV	<del>~~~~~</del>
iv) Generic Campaign Activity	NERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Pag	e Only)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	T T T
TOTAL This Period (Total Amount of Transfers Received)	

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

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

PAGE		1	OF	1	
FOR L	INE	30a	OF	FORM	3>

AME OF COMMITTEE (In Full)	Indiana Chamb	er Congressio	onal Action Co	ommittee
A. Full Name (Last, First, Mi	ddle Initial) / Full Orga	Type of Allocated Activity or Event.  Voter Registration GOTV  Voter ID Generic Campaign		
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·	1	Category/ Type	Date / / / / / / / / / / / / / / / / / / /
FEDERAL SH	ARE +	LEVIN	SHARE	= TOTAL AMOUNT
		- 1 - 27 - 1 - 1		
B. Full Name (Last, First, Mic	ddle Initial) / Full Orga	inization Name	☐ Memo Iten	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
Mailing Address	· · ·			Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	•		Category/ Type	Date Date
FEDERAL SH	ARE +	LEVIN	SHARE	= TOTAL AMOUNT
	السحسيا			
C. Full Name (Last, First, Mi	ddle Initial) / Full Orga	nization Name	☐ Memo Iten	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
Mailing Address			•	Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	•		Category/ Type	Date
FEDERAL SH	ARE +	LEVIN	SHARE	= TOTAL AMOUNT
	ا لـــــا			
SUBTOTAL of Shared Federal a FEDERAL SH	· ·	=	SHARE	TOTAL AMOUNT
		1 1 70 1 1	~	
OTAL This Period (last page for FEDERAL SH		eral share to 30(a)(i	and Levin share t	o 30(a)(ii)) TOTAL AMOUNT
	57.	LEVIN	SHARE	
OTAL This Period for the Levin	n Share	1 1 % 1 1	77 4 4 77 4	

# SCHEDULE L (FEC Form 3X)

## **AGGREGATION PAGE: LEVIN FUNDS**

NAM	NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee				
NAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS  (a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
	(c) Total				
2.	OTHER RECEIPTS		77		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration		77 1 27 1 7		
	(b) Voter ID				
	(c) GOTV		***		
	(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS	7			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	7			
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)	7 7 7			
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)

PAGE 1 Use separate schedule(s) FOR LINE NUMBER: (check only one)

1a	2

OF

**ITEMIZED RECEIPTS OF LEVIN FUNDS** for each category of the Aggregation Page 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 Congressional Action Committee** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt A. Mailing Address Amount of Each Receipt this Period City Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 NUMB	ER:	PAGI	E	1	OF	1
(check only one)	_		_			_
	Ы٠	4a		4c	L	_] 5
	∐,	4b [		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. NAME OF COMMITTEE (In Full) **Indiana Chamber Congressional Action Committee** Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item В. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item E. Date of Disbursement 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).....

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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.	
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	,
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date Date of Receipt  01/25/24  Next Business Day Delivery
Received via FAX	Date of Receipt
Received via Email	Date of Receipt
Received from Electronic Filing Office	Date of Receipt ce
Other (Specify):	Date of Receipt or Postmarked
PEREPARER (4/2023)	01/26/24 DATE PREPARED