WOND: DO: NO: DM: DOMNN-MY

FEC FORM 3X

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

PEC PAIL CENTER

Moffice Use Only AN TO 54

Rev. 05/2016

	NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typing, typ r the lines.	е	12FE4M5		
ı	NDIANA CHAMBER (CONGF	RESSIONA	L ACTIO	Ņ ÇОММІТТЕ	E	<i></i>		لــــــــــــــــــــــــــــــــــــــ
	<u> </u>		<u> </u>	<u> </u>	 				
٩D	DRESS (number and street)	1,15 V	YEST WAS	HINGTO	Ņ STREET, S	UITE	850S		لينيا
•	Check if different than previously	ــــــــــــــــــــــــــــــــــــــ	1 1 1 1 1	1 1 1 1	11111	1.1.1	11111	111	لببب
	reported. (ACC)	LINDIA	ANAPOLIS			J L	IŅ 462	<u>04 </u>	
2.	FEC IDENTIFICATION NU	MBER ▼		CITY A		ST	TATE ▲	ZIP COI	DE ▲
	C 00405597		3.	IS THIS REPORT	✓ NEW (N)	OR	AMENDE (A)	D	
ł.	TYPE OF REPORT (Choose One)		port	Feb 20 (M2)	May 20	(M5)	Aug 20 (M8	3)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		e On:	Mar 20 (M3)	Jun 20	(M6)	Sep 20 (M9))	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)	Jul 20	(M7)	Oct 20 (M1	0)	Jan 31 (YE)
	Quarterly Report (Q July 15	(6)	PRF-Flection		Primary (12P)		General (12G)		Runoff (12R)
	Quarterly Report (Q		Report for the) :	Convention (12C)		Special (12S)		
	Quarterly Report (Q January 31 Year-End Report (YI		Ele	oction on	M M / D C) / Y	Y Y Y	in the State of	f
	July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Election		General (30G)		Runoff (30R)		Special (30S)
	Termination Report (TER)		Report for the	ection on	0 0 M M) / Y	Y Y Y	in the State of	f
<u> </u>	Covering Period 01	" ′ 0 1	° ′ ž20ž() [*]	through		31° ′ ž02	žo	
C	ertify that I have examined thi	s Report	(/ .)	1.4	<i>,</i> -	t is true,	correct and comp	olete.	
Гур	pe or Print Name of Treasurer	<u> </u>	ett 15	runtl	ey				
Sig	gnature of Treasurer	ML	Sist			Dat	e 04 0	ว [ิ] ว ้	2020
NO	OTE: Submission of false, errone	ous, or inc	complete informa	ation may su	bject the person sig	ning this	Report to the pena	alties of 52	U.S.C. § 30109
	Office						FE	C FOR	M 3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Õ1 2020 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2020 1,1,656.90 January 1, (b) Cash on Hand at 11,656.90 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 0 0 6(a) and 6(c) for Column B)..... 0 . 0 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 11,656.90 . 11,656.90. (subtract Line 7 from Line 6(d))..... 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 0 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

NOND DO NOT ON DOMNALING

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

		001::::::	A 1						
I. Receipts	I. Receipts COLUMN A Total This Period					COLUMN B Calendar Year-to-Date			
Contributions (other than loans) From:			· · · · · · · · · · · · · · · · · · ·	····					
(a) Individuals/Persons Other									
Than Political Committees			_			_			
(i) Itemized (use Schedule A)	,	. ,	. 0	,	,	. 0			
			0	•		,			
(ii) Uniternized	,	,	. 0	,	,	. (
(iii) TOTAL (add			^			,			
Lines 11(a)(i) and (ii)▶	,	,	. 0	,	,	. (
			_	•		_			
(b) Political Party Committees	,	,	. 0	,	,	. 0			
(c) Other Political Committees			•			,			
(such as PACs)	,	7	. 0	,	,	. (
(d) Total Contributions (add Lines									
11(a)(iii), (b), and (c)) (Carry			_			_			
Totals to Line 33, page 5)	,	,	. 0	,	,	. (
Transfers From Affiliated/Other	-		_			_			
Party Committees	,	,	. 0		,	. (
	,	,	_	.*	,				
All Loans Received	,	_	. 0	_	,	. (
•	,	,	-	,	,				
Loan Repayments Received			0			(
Offsets To Operating Expenditures	,	,	. 0	,	,	. '			
(Refunds, Rebates, etc.)									
(Carry Totals to Line 37, page 5)			0			0			
Refunds of Contributions Made	,	,	. 0	,	,	. •			
to Federal Candidates and Other									
			0			(
Political Committees	,	,	. 0	,	,	. '			
Other Federal Receipts			0						
(Dividends, Interest, etc.)	,	•	. 0	,	,	. (
Transfers from Non-Federal and Levin Funds									
(a) Non-Federal Account			_						
(from Schedule H3)	,	,	. 0	,	,	•			
(b) Levin Funds (from Schedule H5)	,	,	. 0	,	,	(
	,	,	,	,	•				
(c) Total Transfers (add 18(a) and 18(b))			0			(
	,	,		,	,	•			
Total Receipts (add Lines 11(d),									
12, 13, 14, 15, 16, 17, and 18(c))			0			.0			
	,	,	. •	,	,				
Total Federal Receipts									
(subtract Line 18(c) from Line 19)▶			. 0			. 0			
(SUDTRACT LINE 18(CL) TOTO LINE 19)									

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements		COLUMN A		COLUMN B Calendar Year-to-Date			
21.	Operating Expenditures: —— (a) Allocated Federal/Non-Federal							
	Activity (from Schedule H4)			_				_
	(i) Federal Share	,	,	. 0	,	٠,		0
	(ii) Non-Federal Share			0				Λ
	(b) Other Federal Operating	, .	,	. 0	,	,	•	0
	Expenditures			0	•			0
	(c) Total Operating Expenditures	,	,	•	,	,		_
	(add 21(a)(i), (a)(ii), and (b))▶	,	,	. 0	,	,	_	0
22.	Transfers to Affiliated/Other Party	·				•		^
23.	Committees Contributions to	,	, .	. 0	,	,	•	0
	Federal Candidates/Committees and Other Political Committees			. 0				0
24	Independent Expenditures	,	,	. 0	3	,	•	U
	(use Schedule E)			0				0
25.	Coordinated Party Expenditures	,	,		,	,	•	
	(52 U.S.C. § 30116(d)) (use Schedule F)	_	_	0		_	_	0
		, .	,		,	,	•	
26.	Loan Repayments Made	,	,	. 0	,	,		0
07	Lorus Atodo	·		0	•	·		^
27. 28.	Refunds of Contributions To:	, ,	,	. 0	,	•	•	0
	(a) Individuals/Persons Other Than Political Committees	•		0				^
	man Fondea Committees	,	,	. 0	,	,	•	0
	(b) Political Party Committees			0				0
	(c) Other Political Committees	,	,	. 0	,	,	•	U
	(such as PACs)			0				0
	(d) Total Contribution Refunds	,	,	. •	,	,	-	•
	(add Lines 28(a), (b), and (c))	,	•	. 0	,	,		0
29	Other Disbursements (Including	,	,	. •	,	,		
23.	Non-Federal Donations)			0				0
		,	,	. 0	,	,	•	U
30.	Federal Election Activity (52 U.S.C. § 30101(20))							
	(a) Allocated Federal Election Activity	•						
	(from Schedule H6) (i) Federal Share							_
	(i) rederal Share	,	,	. 0	,	,	•	0
	(ii) "Levin" Share			•				_
	(b) Federal Election Activity Paid	,	,	. 0	,	,	•	0
	Entirely With Federal Funds			0				0
	(c) Total Federal Election Activity (add	,	,	. •	,	,	-	J
	Lines 30(a)(i), 30(a)(ii) and 30(b))			0				0
	r	, ,	,	-	,	,	-	
31.	Total Disbursements (add Lines 21(c), 22,			٠		1		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))			0	-			0
		,	,	. •	,	,	•	•
32.	Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						•	
	from Line 31)			. 0	_		•	0
		,	,	•	,	,	•	-

DETAILED SUMMARY PAGE of Disbursements

-	FEC Form 3X (Rev. 05/2016)	. of Disb	ursements	•		. Pa	ge 5	•
	III. Net Contributions/ Operating Expenditures		COLUMN / al This Pe	-	CC Calenda	Date		
	Total Contributions (other than loans) (from Line 11(d), page 3)	,	,	0	,	, , , ,	•	0
	Total Contribution Refunds (from Line 28(d))	,	,	. 0	,	,	•	0
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,	. 0	,	,		0
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	,	,	. 0	•	,	•	0
37.	Offsets to Operating Expenditures (from Line 15, page 3)	,	3	. 0	. ,	,		0
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	,	ı	0	,	,	-	0

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1				
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements mand a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Indiana Chamber Congression							
Full Name of Individual (Last, First, Middle Initia			Date of Receipt				
Mailing Address			M M / D D / Y Y Y				
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		, , , ·				
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ♥					
Full Name of Individual (Last, First, Middle Initial) Mailing Address	al) or Full C	organization Name	Date of Receipt				
City	State	Zip Code					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) Receipt For:		upation (for Individual) Year-to-Date ▼	Memo Item				
Primary General Other (specify) ▼	Aggregate	, , , -					
Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt				
Mailing Address			M M / D D / Y Y Y				
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		, ,				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			, , .				
TOTAL This Period (last page this line number or	nly)		-				

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the d Summary Page	of the Cath Cas Cas Cas Cas			
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any politic	ed by any pers cal committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
/ Indiana Chamber Congression	onal Action	Committee				
Full Name (Last, First, Middle Initial) A. Mailing Address				Date of Disbursement M M / D D / Y Y Y Y		
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement		1		С		
Candidate Name	······································		Category/ Type	Amount of Each Disbursement this Period		
Senate President	ursement For: Primary Other (sp	General		, , Memo Item		
State: District:			 	Wome non		
Full Name (Last, First, Middle Initial) B.	Full Name (Last, First, Middle Initial) Mailing Address					
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				С		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Senate President	ursement For: Primary Other (sp.	General ecify)		, , Memo Item		
State: District: Full Name (Last, First, Middle Initial)						
C.			•	Date of Disbursement		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				С		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disb	ursement For: Primary Other (sp.	General		, , Memo Item		
State: District:			···	MIGHTO ROTH		
SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number			··········	, , .		

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 1 OF 1

			Detailed Summary Pa		FOR LINE	13 OF FORM 3X			
AME OF COMMITTEE (In Indiana Cham	•	ional Action	Committee	,					
LOAN SOURCE Full Na	nme (Last, First, M	ddle Initial)	☐ Memo Ite	Memo Item Election: Primary General					
Mailing Address					Other (specify) ▼			
City	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	ZIP Code]	·····	<u> </u>			
Original Amount of Loan		Cumulative Pa	ayment To Date B	alance C	outstanding at	Close of This Per			
, ,	•	,	, .	_	,	•			
TERMS Date incu	red Y Y Y Y	M M /, D C	Date Due Interest R	ate		Secured:			
				·	% (apr)	Yes 1			
List All Endorsers or Gu 1. Full Name (Last, First,		to Loan Source	Name of Employer						
1. Tun warne (Last, 1 not)	middle miliar)		Traine of Employer						
Mailing Address			Occupation						
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:	,	,	٠			
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 T	nis Page (optional)		······		, ,				
TOTALS This Period (last p	age in this line onl	у)	•		, ,				
Carry outstanding balance	only to LINE 3, Sc	hedule D, for thi	Is line. If no Schedule D, carry fo	orward t	o appropriate	line of Summar			

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

Supplementary for										
Information	found on									
Page 1	of Schedule	(

Federal	Election	Commission,	Wash	ington,	D.C.	20463
---------	----------	-------------	------	---------	------	-------

NAME OF COMMITTEE (In Full)		EE	- 105	NTIE	CAT		J MIII	MBER	
	14 (, IDE	.14 (117	ICAI	;Oi	1 140	WIDER	
Indiana Chamber Congression	al Action Committee	C							
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan			Intere	st Ra	ate (APR)	
	, , .					•		%	
Mailing Address	Date Incurred or Established	M M	,	D D	,	Y	γ \	γ γ	
City State Zip Code	Date Due	м м	,	0 0	′	Y	Y Y	, A	
A. Has loan been restructured? No Yes	If yes, date originally incurred	м м	/	D D	′	Y	٧ ١	Y	
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:		,	!	,		•		
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors m	red? nust be reported on Schedule C.)								
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates o stocks, accounts receivable, cash on deposit, or othe No Yes If yes, specify:	of deposit, chattel papers, er similar traditional collateral?	it is the	valu		his o	ollat	eral?	:	
140 Tes II yes, specify.		s the le		have	`-	_	ted s Yes	ecurity	
E. Are any future contributions or future receipts of inter collateral for the loan? No Yes If yes,		it is the			valu				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:								
Date account established:	Address:		,						
M M / D D / Y Y Y	City, State, Zip:	, Zip:							
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	as pledged for this loan, or if the amon was made and the basis on which it	unt pled assure	iged es rep	does r ayme	not e nt.	qua	lore	xceed	
G. COMMITTEE TREASURER Typed Name Signature		DATE M M	,	D D	,	Y	γ ,	, у	
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 trare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the similar extensions of the requirement that complied with the requirements set forth at 11 (in the similar extensions).	ncluding interest rate) no more favoral of comparable credit worthiness. a loan must be made on a basis whi	ole at th	ne tim ures 1	e thai	n tho	se i	mpos	sed for	
AUTHORIZED REPRESENTATIVE		DATE							
Typed Name Signature	ītle	м м	,	0 0	1	Y	٧ ١	· •	
									

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

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

OF T

Excluding Loans				or eacn bered line)	(спеск ог	ily one)	10
NAME OF COMMITTEE (In Full) Indiana Chamber Congres	ssional Acti	ion Committee					
A. Full Name (Last, First, Middle Initial) of Debi	or or Creditor		· 	Nature of D	ebt (Purpos	ie):	
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period		- t		I			
n n n n n n n n n n n n n n n n n n n	Pa	yment This Period		Outstandi	ng Balance	at Close of	f This Period
, , .	,	,	•		,	,	•
B. Full Name (Last, First, Middle Initial) of Debto		Nature of D	ebt (Purpos	ie):			
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period				1			
, , , . Amount Incurred This Period	Pa	yment This Period		Outstandi	ng Balance	at Close o	f This Period
, ,	,	,	•		,	, ,	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	•		Nature of D	ebt (Purpos	ie):	
Mailing Address			····				
City	State	Zip Code		l			
Outstanding Balance Beginning This Period							
, , .							
Amount Incurred This Period	Pa	yment This Period		Outstandi	ng Balance	at Close of	f This Period
, , .	,	5 .	•		,	,	•
1) SUBTOTALS This Period This Page (optional).			>		,	,	
2) TOTALS This Period (last page this line number	er only)		>		,	,	•
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)			,	,	•
4) ADD 2) and 3) and carry forward to appropriat	e line of Summ	ary Page (last page o	only) ▶		,	•	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional A	ction Commi	ttee		C
heck if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	M M / D D / Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
	······			M M / D D / Y Y Y
Mailing Address			Amo	unt
City	State	Zip Code		, , .
Purpose of Expenditure		Category/ Type	Date	of Disbursement or Obligation M M / D D / Y Y Y
Name of Federal Candidate:		Support Oppose	Office Soug	ght: House District:
Calendar Year-To-Date				ent For: Primary General
Per Election for Office Sought	, ,	•		Other (specify) >
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address			Amo	unt
City	State	Zip Code		. ,
Purpose of Expenditure		Category/ Type	Date	of Disbursement or Obligation
Name of Federal Candidate:		Support Oppose	Office Soug	
Calendar Year-To-Date Per Election for Office Sought	, ,	•		ent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	, , -
(a) SUBTOTAL of Unitemized Independent Expend	litures		•	, ,
(a) TOTAL Independent Expenditures			•	, , .
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
		Date	M M /	, d , Y Y Y Y
Signature		•		

PAGE

OF

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

		FOR LINE OF FORM OV
	by Political Committees in the General Ele	ection) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Actio	n Committee	
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee	en e
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item Purpo	ose of Expenditure
		Category/
Mailing Address	Da	Type te
City	Zīp Code M	
Name of Federal Candidate Supported Office Soug	tt: House State: Arr Senate District: Presidential	ount
Aggregate General Election Expenditure for this Candidate ▶ ,	, .	, , .
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item Purpo	ose of Expenditure Category/
Mailing Address	Da	Туре
City State		M / D D / Y Y Y
Name of Federal Candidate Supported Office Soug	ht: House State: Arr Senate District: Arr Presidential	ount
Aggregate General Election Expenditure for this Candidate ▶,	, .	, , ,
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item Purpo	
Mailing Address	-	Category/ Type
City State	Zip Code M	
Name of Federal Candidate Supported Office Soug		ount
Aggregate General Election Expenditure for this Candidate ▶ ,	, .	, , .
SUBTOTAL of Expenditures This Page (optional)		, , .
TOTAL This Period (last page this line number only)		, , .

PAGE

1

OF

1

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 E.III)							
NAME OF COMMITTEE (In Full)							
Indiana Chamber Congressional Action Committee							
USE ONLY ONE SECTION, A or B							
A. State and Local Party Committees							
Fixed Percentage (select one)							
Presidential-Only Election Year (28% Federal)							
Presidential and Senate Election Year (36% Federal)							
Senate-Only Election Year (21% Federal)							
Non-Presidential and Non-Senate Election Year (15% Federal)							
North residential and North-Seriale Liection real (15%) redetal)							
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							

NOND: OD: NO! OM: DOMNNHTH

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 1 OF 1

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

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" 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.

are allocated using a time/space method.		
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:		
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		

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

PAGI	E	1	C	F	1	
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AME OF COMMITTEE (In Full) Indiana Chamber Congr	essional Action Committee		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOU	NT TRANSFERRED
	M M / D D / Y Y Y	,	, •
BREAKDOWN OF TRANSFER RECEIVED		<u> </u>	
i) Total Administrative		,	,
ii) Generic Voter Drive		. ,	,
iii) Exempt Activities		,	, .
iv) Direct Fundralsing (List Activity or Event	t Identifier)		
a)	<u> </u>		
b)	, . , .		
	undraising		
v) Direct Candidate Support (List Activity of			, ,
a)			•
b)	· , , .		
c) Total Amount Transferred For Direct Ca	andidate Support	,	,
vi) Public Communications Referring Only	to Party (Made by PAC)	,	,
TOTALS	S 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)	······	,	
OTAL This Period (Direct Candidate Support)		, ,	
TOTAL This Period (Public Communications Reference	rring Only to Party)	,	,
OTAL This Period (Total Amount Transferred)		,	, .

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
FOR L	INE	21a OF	FORM	3X

<u> </u>	Indiana Chamber Congr Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
••	Tan Hame (East, First, Middle Hillar)			☐ Melijo Kelij	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:			<u> </u>	Allocated Activity or Event Year-To-Date
	r dipose of Disbursement.			}	, , .
	Activity or Event Identifier:			1	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
_	5 5 -		, ,	Memo Item	Allocated Activity or Event:
١.	Full Name (Last, First, Middle Initial)			☐ Metric sterii	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				r	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			1	, , ,
	Activity or Event Identifier:			Category/ Type	M M / D D / Y Y Y Y Date
	Activity or Event Identifier: FEDERAL SHARE	+	NONFEDERAL	Туре	M M / D D / Y Y Y
		+	NONFEDERAL	Туре	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL , ,	Type _ SHARE _	Date TOTAL AMOUNT
-	FEDERAL SHARE	+		Туре	Date TOTAL AMOUNT Allocated Activity or Event:
·-	FEDERAL SHARE	+		Type _ SHARE _	Date TOTAL AMOUNT
•	FEDERAL SHARE , , , . Full Name (Last, First, Middle Initial)	+ State		Type _ SHARE _	Date TOTAL AMOUNT , , , . Allocated Activity or Event: Administrative Fundraising Exempt
-	FEDERAL SHARE , , , . Full Name (Last, First, Middle Initial) Mailing Address City		, ,	Type _ SHARE _	Date TOTAL AMOUNT TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
-	FEDERAL SHARE , , , . Full Name (Last, First, Middle Initial) Mailing Address		, ,	Type _ SHARE _	Date TOTAL AMOUNT TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
•	FEDERAL SHARE , , , . Full Name (Last, First, Middle Initial) Mailing Address City		, ,	Type SHARE Memo Item	Date TOTAL AMOUNT TOTAL AMOUNT 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
-	FEDERAL SHARE , , , , Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		, ,	Type _ SHARE _	Date TOTAL AMOUNT TOTAL AMOUNT 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
-	FEDERAL SHARE , , , , Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		, ,	Type SHARE Memo Item Category/ Type	Date TOTAL AMOUNT , , , . 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 , , , .
	FEDERAL SHARE 7 7 Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	, ,	Type SHARE Memo Item Category/ Type	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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 Public Comm (ref to party only) TOTAL AMOUNT TOTAL
-	FEDERAL SHARE 7 7 Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	, ,	Type SHARE Memo Item Category/ Type SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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 Public Comm (ref to party only) TOTAL AMOUNT TOTAL
Si	FEDERAL SHARE , , , , Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code NONFEDERAL	Type SHARE Memo Item Category/ Type SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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
SI	FEDERAL SHARE , , , , . Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE , , ,	State	Zip Code NONFEDERAL	Type SHARE Memo Item Category/ Type SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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
·	FEDERAL SHARE , , , . Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE , , . JBTOTAL of Allocated Federal and NonFederal	State +	, , , Zip Code NONFEDERAL , , , s Page NONFEDERAL	Type SHARE Category/ Type SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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
	FEDERAL SHARE , , , , . Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE , , , . JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE , , , . OTAL This Period (last page for each line only)	+ Activity This	NONFEDERAL , , , , are to 21(a)(i) and	Type SHARE Category/ Type SHARE A NonFederal shall	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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 TOTAL AMOUNT TOTAL AMOUNT
	FEDERAL SHARE , , , , Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE , , , JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+ Activity This	Zip Code NONFEDERAL , , s Page NONFEDERAL	Type SHARE Category/ Type SHARE A NonFederal shall	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT 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)

	PAGE FOR LIN	1 OF E 18b OF F	1 ОВМ 3X
AMOU	NT TRAI	NSFERRED	
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CAMPA	AIGN ACTI	VITY	
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AMOU	NT TRAI	NSFERRED	
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CAMPA	AIGN ACTI	VITY	
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y)			
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FEC Schedule H5 (Form 3X) Rev. 05/2016

AME OF COMMITTEE (In Full) Indiana Chambe	er Congressional Action Committee	•
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y	•
		, , ,
BREAKDOWN OF THIS TRANSI		
i) Voter Registration	VOTER REGIS	STRATION
Total Amount Transfer	rred for Voter Registration	
	,	VOTER ID
II) Voter ID		
lotal Amount Transfer	rred for Voter ID,	,
iii) GOTV	•	GOTV
	rred for GOTV	
		, , GENERIC CAMPAIGN ACTIVITY
lv) Generic Campaign A		
lotal Amount Transfei	rred for Generic Campaign Activity	3
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y	
		, , .
BREAKDOWN OF THIS TRANS	FER	
i) Voter Registration	VOTER REGIS	STRATION
·	rred for Voter Registration	
TOTAL ATTOOR TIGHTS	,	, VOTER ID
ii) Voter ID		VOTERID
Total Amount Transfer	rred for Voter ID,	,
III) COTY		GOTV ·
ili) GOTV Total Amount Transfel	rred for GOTV	
TOWN AIRCUIT TIGHTSICE		, , , , , , , , , , , , , , , , , , ,
iv) Generic Campaign A	Activity	GENERIC CAMPAIGN ACTIVITY
	rred for Generic Campaign Activity	. , ,
тоти	ALS FOR BREAKDOWN OF TRANSFER RECEIVED	(Last Page Only)
TOTAL This Period (Veter P.	egistration)	•
TOTAL THIS FUNDO (VOIGE M	egistration)	,
TOTAL THE PUBLICATION OF		
TOTAL This Period (Voter ID))	,
		
TOTAL This Period (GOTV).	······································	, ,
TOTAL This Period (Generic	Campaign Activity)	, , ,
TOTAL THE DESCRIPTION AND A	manust of Transfers Passings	
TOTAL This Period (Total An	mount 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)

PAGI	E 1	!	OF	1	
FOR	LINE	30a	OF	FORM	зх

FEC Schedule H6 (Form 3X) Rev. 05/2016

NAME OF COMMITTEE (In Full)						
Indiana Ch	amber Co	ongressional Ac	tion Commit			
A. Full Name (Last, First, Middle Initial	☐ Memo Item	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	T	, ,		
Purpose of Disbursement			Category/ Type	M M / D D / Y Y Y Y Date		
FEDERAL SHARE	+	LEVIN SH		= TOTAL AMOUNT		
B. Full Name (Last, First, Middle Initial) / Full Orgar		☐ Memo Item	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	M M / D D / Y Y Y Y Date		
FEDERAL SHARE	+	LEVIN SH	ARE •	TOTAL AMOUNT		
C. Full Name (Last, First, Middle Initial) / Full Orgar	nization Name	☐ Memo Item	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		j j •		
Purpose of Disbursement			Category/ Type	Date		
FEDERAL SHARE	+	LEVIN SH		TOTAL AMOUNT		
, ,	<u></u>	, ,	•	, , .		
SUBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity This +	Page LEVIN SH	ARE	= TOTAL AMOUNT		
, , , . TOTAL This Period (last page for each lin FEDERAL SHARE	e only)(Fedei	nal share to 30(a)(i) an		, , . 30(a)(ii)) TOTAL AMOUNT		
, , .		LEVIN SH	ARE	, , .		
TOTAL This Period for the Levin Share		, ,				

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.	OTHER RECEIPTS	,	,	•		,	,	•	
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					,	,		
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 PAGE 1 OF

FOR LINE NUMBER: 1a [

			Aggregation Page	(check only one)
	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a			
7	NAME OF COMMITTEE (In Full)		······································	
/			ngressional Action C	committee
Δ.	Full Name of Individual (Last, First, Middle Initial) or Full O	rganizat	ion Name Memo Item	Date of Receipt
٦.		M M / D D / Y Y Y		
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	City	Siale	Zip Code	
	ame of Employer (for Individual)			, , ,
				Aggregate Year-to-Date
	Occupation (for Individual)		, , ,	
	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt		
В.		J		M M / D D / Y Y Y
	Mailing Address			•
	Maning Address		-	Amount of Each Descint this Decied
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	L		, ,
				Aggregate Year-to-Date
	Occupation (for Individual)			, ,
	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt		
C.				M M / D D / Y Y Y
	Mailing Address			•
				Amount of Each Receipt this Period
	City	State	Zip Code	Amount of Each Moodpt this Follow
	Name of Employer (for Individual)		<u> </u>	, ,
			Aggregate Year-to-Date	
	Occupation (for Individual)			
_	Full Name of Individual (Last, First, Middle Initial) or Full O	Date of Receipt		
D.			м м / о о / ч ч ч	
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)	, , , , , , , , , , , , , , , , , , ,		
	Occupation (for Individual)			Aggregate Year-to-Date
				, , .
_				, ,
s	SUBTOTAL of Receipts This Page (optional)			, ,
T	OTAL This Period (last page this line number 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 NUMBER:	PAGE 1	OF 1
(check only one)	4a 4c 4b 4d	5

OF LEVIN FUNDS Aggregation Page				☐ 4b ☐ 4d		
Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
/ Indiana Chamber Co	ngressiona	I Action Cor	nmittee			
Full Name (Last, First, Middle Initial) / Full C	Organization Na	me	☐ Memo Item	Date of Disbursement		
Mailing Address	ulling Address					
City	State	Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement				, , .		
Full Name (Last, First, Middle Initial) / Full C	Organization Na	me	☐ Memo Item	010		
3.	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					
C .						
Mailing Address	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.						
Mailing Address	, 5 5 , , , , , ,					
City	State	Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement	-			, , ,		
Full Name (Last, First, Middle Initial) / Full (
Ε.	Date of Disbursement					
Mailing Address	, 5 5 , , , , , ,					
City	State	Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement	- -			, , .		
SUBTOTAL of Disbursements This Page (opti	onal)					
				, , .		
TOTAL This Period (last page this line numbe	r only)			, , .		

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SHIP TO:

FEDERAL ELECTION COMMISSION 1050 18T ST NE WASHINGTON DC 20002 – 4694

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diana-Chamber Insacción de Arten Committee 5 W Washingth St. Sterkos Mienepolis IN 16204

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked H 10 20	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
Next Busin	ess 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):	Receipt or Postmarked
SPM	6/26/20 DATE PREPARED
(3/2015)	DATE FREPARED