

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2020 JUL 09 AM 10:54
Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER ▼** **C 00405597** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

| | | | | | | |
|------------------------|--|--|-------------------------------------|---------------|---------------------------------------|---------------------------------------|
| (a) Quarterly Reports: | <input checked="" type="checkbox"/> April 15 Quarterly Report (Q1) | (b) Monthly Report Due On: | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| | July 15 Quarterly Report (Q2) | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) | |
| | October 15 Quarterly Report (Q3) | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) | |
| | January 31 Year-End Report (YE) | (c) 12-Day PRE-Election Report for the: | Primary (12P) | General (12G) | Runoff (12R) | |
| | July 31 Mid-Year Report (Non-election Year Only) (MY) | Report for the: | Convention (12C) | Special (12S) | | |
| | Termination Report (TER) | Election on | M M / D D / Y Y Y Y in the State of | | | |
| | | (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (30R) | Special (30S) | |
| | | Election on | M M / D D / Y Y Y Y in the State of | | | |

5. Covering Period **01^M / 01^D / 2020^{Y Y Y Y}** through **03^M / 31^D / 2020^{Y Y Y Y}**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Jeff Brantley**
Signature of Treasurer *Jeff Brantley* Date **04 / 07 / 2020**

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

NON-PROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 01 2020 To: ^{M M / D D / Y Y Y Y} 03 31 2020

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2020 | | 11,656.90 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 11,656.90 | |
| (c) Total Receipts (from Line 19)..... | .0 | .0 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | .0 | .0 |
| 7. Total Disbursements (from Line 31)..... | .0 | .0 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 11,656.90 | 11,656.90 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | .0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | .0 | |

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: ^M01 / ^D01 / ^Y2020 To: ^M03 / ^D31 / ^Y2020

| 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)..... | 0 | 0 |
| (ii) Unitemized | 0 | 0 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 0 | 0 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0 | 0 |
| 13. All Loans Received | 0 | 0 |
| 14. Loan Repayments Received..... | 0 | 0 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0 | 0 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0 | 0 |
| (b) Levin Funds (from Schedule H5) | 0 | 0 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0 | 0 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 0 | 0 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 0 | 0 |

NON-FEDERAL TRANSFERS

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

| II. Disbursements | | COLUMN A | COLUMN B |
|--|---|--------------------------|------------------------------|
| | | Total This Period | Calendar Year-to-Date |
| 21. Operating Expenditures: | | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share | | 0 | 0 |
| (ii) Non-Federal Share..... | | 0 | 0 |
| (b) Other Federal Operating Expenditures | | 0 | 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | ▶ | 0 | 0 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 0 | 0 |
| 24. Independent Expenditures (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 |
| 27. Loans Made..... | | 0 | 0 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0 | 0 |
| (b) Political Party Committees | | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | ▶ | 0 | 0 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | | 0 | 0 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0 | 0 |
| (ii) "Levin" Share..... | | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | ▶ | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 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 |

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DETAILED SUMMARY PAGE
of Disbursements

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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 |
| 34. 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) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

NEVER SIGN OR SIGNATURE

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | | | |
|---|------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE 1 OF 1 | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| | | | |
|---|-------|-----------------------------------|------------------------------------|
| A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | Date of Receipt |
| Mailing Address | | | M M / D D / Y Y Y Y |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) | | Occupation (for Individual) | Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ , , . | |

| | | | |
|---|-------|-----------------------------------|------------------------------------|
| B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | Date of Receipt |
| Mailing Address | | | M M / D D / Y Y Y Y |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) | | Occupation (for Individual) | Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ , , . | |

| | | | |
|---|-------|-----------------------------------|------------------------------------|
| C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | Date of Receipt |
| Mailing Address | | | M M / D D / Y Y Y Y |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer (for Individual) | | Occupation (for Individual) | Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ , , . | |

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

2014-11-10 10:00:00 AM

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

State:

District:

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

, , .

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

, , .

SCHEDULE C (FEC Form 3X)

LOANS

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

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

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| , . | , . | , . |

| | | | | |
|--------------|---------------------|---------------------|---------------|--|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | M M / D D / Y Y Y Y | M M / D D / Y Y Y Y | . % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: , . |
| 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.

NON-PROFIT ORGANIZATION

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | | | | | |
|--|-------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee | | | FEC IDENTIFICATION NUMBER C | | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan , , . | | Interest Rate (APR) . % | |
| Mailing Address | | | Date Incurred or Established M M / D D / Y Y Y Y | | |
| City | State | Zip Code | Date Due M M / D D / Y Y Y Y | | |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | If yes, date originally incurred M M / D D / Y Y Y Y | | |
| B. If line of credit, Amount of this Draw: , , . | | Total Outstanding Balance: , , . | | | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | | | What is the value of this collateral? , , . Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | | | What is the estimated value? , , . | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y | | | Location of account: Address: City, State, Zip: _____ | | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | | | DATE M M / D D / Y Y Y Y | |
| H. Attach a signed copy of the loan agreement. | | | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | | | DATE M M / D D / Y Y Y Y | |
| Title | | | | | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 1 OF 1 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input type="checkbox"/> 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 | | |
| , , . | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| , , . | , , . | , , . |

| | | | |
|--|-------|---------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): | |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| , , . | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| , , . | , , . | , , . |

| | | | |
|--|-------|---------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): | |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| , , . | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| , , . | , , . | , , . |

| | |
|--|-------|
| 1) SUBTOTALS This Period This Page (optional).....▶ | , , . |
| 2) TOTALS This Period (last page this line number only).....▶ | , , . |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶ | , , . |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | , , . |

2016-11-10 10:00:00 AM

**SCHEDULE F (FEC Form 3X)
 ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
 POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
 ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

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

| | | | | | | | | | | |
|--|--|----------------|-------|--------------|------------------------------------|--|--------|---------------------|--|--|
| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| Indiana Chamber Congressional Action Committee | | | | | | | | | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | | | | | Full Name of Subordinate Committee | | | | | |
| | | | | | Mailing Address | | | | | |
| City | | | State | | ZIP Code | | | | | |
| Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item | | | | | Purpose of Expenditure | | | Category/Type | | |
| Mailing Address | | | | | Date | | | M M / D D / Y Y Y Y | | |
| 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 <input type="checkbox"/> Memo Item | | | | | Purpose of Expenditure | | | Category/Type | | |
| Mailing Address | | | | | Date | | | M M / D D / Y Y Y Y | | |
| 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 <input type="checkbox"/> Memo Item | | | | | Purpose of Expenditure | | | Category/Type | | |
| Mailing Address | | | | | Date | | | M M / D D / Y Y Y Y | | |
| 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 <input type="checkbox"/> Memo Item | | | | | Purpose of Expenditure | | | Category/Type | | |
| Mailing Address | | | | | Date | | | M M / D D / Y Y Y Y | | |
| 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 Congressional Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %
Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|--|-----------|--------------|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | . % | . % |

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

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

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

BREAKDOWN OF TRANSFER RECEIVED

| | | | |
|--|--|--|--|
| I) Total Administrative | | | |
| II) Generic Voter Drive | | | |
| III) Exempt Activities | | | |
| IV) Direct Fundraising (List Activity or Event Identifier) | | | |
| a) _____ | | | |
| b) _____ | | | |
| c) Total Amount Transferred For Direct Fundraising | | | |
| V) Direct Candidate Support (List Activity or Event Identifier) | | | |
| a) _____ | | | |
| b) _____ | | | |
| c) Total Amount Transferred For Direct Candidate Support | | | |
| VI) Public Communications Referring Only to Party (Made by PAC) | | | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | | | |
|--|--|--|--|
| TOTAL This Period (Administrative) | | | |
| TOTAL This Period (Generic Voter Drive) | | | |
| TOTAL This Period (Exempt Activities) | | | |
| TOTAL This Period (Direct Fundraising) | | | |
| TOTAL This Period (Direct Candidate Support) | | | |
| TOTAL This Period (Public Communications Referring Only to Party) | | | |
| TOTAL This Period (Total Amount Transferred) | | | |

2016 RELEASE UNDER E.O. 13526

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

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

| | | | | |
|---|-------|----------|---|--|
| A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | State | Zip Code | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| Purpose of Disbursement: | | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Activity or Event Identifier: | | | Allocated Activity or Event Year-To-Date | |
| | | | , , . | |
| | | | M M / D D / Y Y Y Y | |
| | | | Date | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | |
| | | | = | |
| | | | TOTAL AMOUNT | |
| | | | , , . | |

| | | | | |
|---|-------|----------|---|--|
| B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | State | Zip Code | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| Purpose of Disbursement: | | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Activity or Event Identifier: | | | Allocated Activity or Event Year-To-Date | |
| | | | , , . | |
| | | | M M / D D / Y Y Y Y | |
| | | | Date | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | |
| | | | = | |
| | | | TOTAL AMOUNT | |
| | | | , , . | |

| | | | | |
|---|-------|----------|---|--|
| C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | State | Zip Code | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| Purpose of Disbursement: | | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Activity or Event Identifier: | | | Allocated Activity or Event Year-To-Date | |
| | | | , , . | |
| | | | M M / D D / Y Y Y Y | |
| | | | Date | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | |
| | | | = | |
| | | | TOTAL AMOUNT | |
| | | | , , . | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
 FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

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

BREAKDOWN OF THIS TRANSFER

| | |
|--|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration..... | , , . |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID | , , . |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV | , , . |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for Generic Campaign Activity | , , . |

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

BREAKDOWN OF THIS TRANSFER

| | |
|--|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration..... | , , . |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID | , , . |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV | , , . |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for Generic Campaign Activity | , , . |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

| | |
|--|-------|
| TOTAL This Period (Voter Registration)..... | , , . |
| TOTAL This Period (Voter ID) | , , . |
| TOTAL This Period (GOTV)..... | , , . |
| TOTAL This Period (Generic Campaign Activity)..... | , , . |
| TOTAL This Period (Total Amount of Transfers Received)..... | , , . |

2016-05-05 10:00:00 AM

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

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

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

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

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

| | | | | |
|---|--|---|--------------|--|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | |
| , | | | = | |
| , | | | TOTAL AMOUNT | |
| , | | | , | |
| , | | | , | |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | | |
| FEDERAL SHARE | | | TOTAL AMOUNT | |
| , | | | , | |
| , | | | , | |
| , | | | , | |
| 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 | | | | , | , | . |
| (From Line 6) | | | | | | |
| 11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9) | | | | , | , | . |

2017-2018 LEVIN FUNDS

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)

1a 2

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NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

| | |
|--|---|
| A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount of Each Receipt this Period , , . |
| Name of Employer (for Individual) | Aggregate Year-to-Date |
| Occupation (for Individual) | , , . |
| B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount of Each Receipt this Period , , . |
| Name of Employer (for Individual) | Aggregate Year-to-Date |
| Occupation (for Individual) | , , . |
| C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount of Each Receipt this Period , , . |
| Name of Employer (for Individual) | Aggregate Year-to-Date |
| Occupation (for Individual) | , , . |
| D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount of Each Receipt this Period , , . |
| 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)..... ▶ | , , . |

**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 5
 4b 4d

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NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement | | | Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period , , . |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement | | | Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period , , . |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement | | | Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period , , . |
| D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement | | | Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period , , . |
| E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement | | | Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period , , . |
| SUBTOTAL of Disbursements This Page (optional).....▶ | | | , , . |
| TOTAL This Period (last page this line number only).....▶ | | | , , . |

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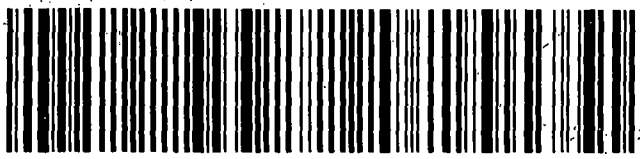
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Indianapolis IN 46204

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Congressional Action Committee
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

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6/26/20
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