	EPORT OF RECE ND DISBURSEM Other Than An Authorized C	ENTS	RECEIVED FECTIONIC CENTER 2009 JAM 1.6 PM 3: 57 Office Use Only
1. NAME OF TY COMMITTEE (in full)			FE4M5
ADDRESS (number and street) Check if different than previously reported. (ACC) CHECK IDENTIFICATION NUMBER	INDIANAPOLIS		PCTION REET, STE 8508.
c 0040559	. IS THIS REPORT		AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	PRE-Election Report for the: Co Election on (d) 30-Day POST-Election Report for the: Election on	Jun 20 (M6) Jul 20 (M7) mary (12P) nvention (12C) Market / Darie / neral (30G)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) in the State of Runoff (30R) Special (30S) in the State of In the
	Peport and to the best of my knowle Darla Barnet	- F	B1° / Z008
Signature of Treasurer	Jark Darrett	- Date	07 08 2009
NOTE: Submission of false, erroneou Office Use Only	s, or incomplete information may subje	ct the person signing this Re	FEC FORM 3X Rev. 12/2004

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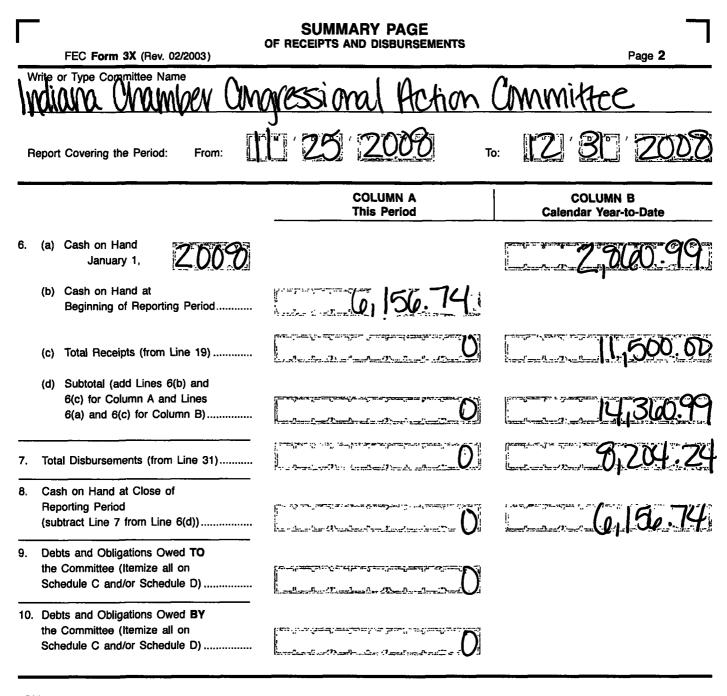
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FE6AN026

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

For further information contact:

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

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

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FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name	er Congressional Act	ion Committee
Report Covering the Period: From	11 25 2000	TO: [Z 3] 2000
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) Frce Individuals/Persons Other Than Political Committees 	 in Funds 	
 (c) Total Transfers (add 18(a) and 19. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)). 20. Total Federal Receipts (subtract Line 18(c) from Line 19). 		11,500.00
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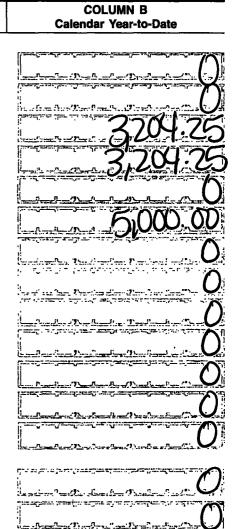
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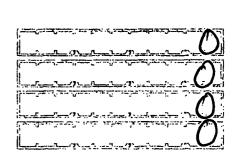
DETAILED SUMMARY PAGE

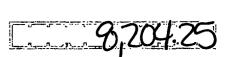
of Disbursements

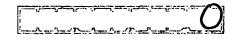
Page 4

	FEC Form 3X (Rev. 02/2003)	or Dispursements
	II. Disbursements	COLUMN A
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period
	Activity (from Schedule H4) (i) Federal Share	and the deside of the deside
	(ii) Non-Federal Share	م الم الم الم الم الم الم الم الم الم ال
	(b) Other Federal Operating Expenditures	ار این میکند. میکندید که میکند میکند به مطلب اینکند میکند اینکند اینکند میکند میکند بینک هوی میکند این اینکند ای
	(c) Total Operating Expenditures	a and and with the star starting and and a starting and a starting and a starting at the start
22.	(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	and the second of the second se
23.	Committees Contributions to	بر « <u>مساليم</u> «و <u>مساليم»، «ما موم</u> ر». من مدين يستمين ماريم من من من درين ماريم من من مريم و
~ -	Federal Candidates/Committees and Other Political Committees	
24.	Independent Expenditures (use Schedule E)	1: t,
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	lander and the section of the sectio
	(use Schedule F)	l an Sameleo al les Sans le critiques de contra presentantes partes partes partes partes
26.	Loan Repayments Made	l - Service and the structure of the second second - Second secon
	Loans Made Refunds of Contributions To:	از الهوريانية بالهرجانية بالمورية المراجعية المراجع عن المراجع المراجعية المراجع المراجعية المراجع المراجع المراجع موضية المراجع ا
	(a) Individuals/Persons Other Than Political Committees	La la Carla Martin Martin
	(b) Political Party Committees	
	(c) Other Political Committees	i i se d'a reclience d'a se d'a s e se
	(such as PACs)	le areatantices a directo alconte
	(d) Total Contribution Refunds	در . د. با مس رکی ور در گر ی بار کی در گری در است. مرا . د. با مسر کی مرکز در در گر ی بارکی محکظ
	(add Lines 28(a), (b), and (c))▶	alisti a serie a subsection a subsection of a s A subsection of a subsection of
29.	Other Disbursements	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity)
	(in Schedule H6)	سی محکامت محکومیک سا اسان میکسید ⁵
	(i) Federal Share	l Lander and the second second Second second
	(ii) "Levin" Share	المعلم ما محمد المحمد بعد المحمد ا المحمد المحمد
	(b) Federal Election Activity Paid Entirely With Federal Funds	
	(c) Total Federal Election Activity (add	ער איז
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	<u></u>
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c))	مى، مى كەنتىر مەرمىي مەرمەر مەرمەر مەرمەر مەرمەر !!
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32.	Total Federal Disbursements	
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	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	



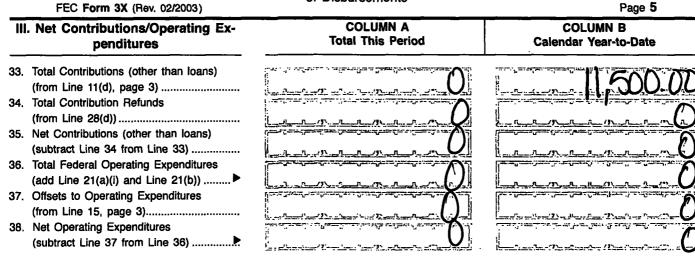






DETAILED SUMMARY PAGE

of Disbursements



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3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c 12
	· · · · · · · · · · · · · · · · · · ·		, ,	13 14 15 16 17
A	ny information copied from such Reports and S	tatements m	ay not be sold or used by any pe	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)	^	<u> </u>	<u>^</u>
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V			VESSIONAL HUT	
Ľ	Full Name (Last, First, Middle Initial)	<u> </u>		
A.				Date of Receipt
	Mailing Address			
				Market / P.O.O.P. / P.O.A.A.A.C.A.
	City	State	Zip Code	- Barrathand Same Instational Constant
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				Amount of Each Receipt this Period
	FEC ID number of contributing		an a	รัฐมาระสาราวัตร เก <u>รสรรฐานสีวิทยาสร</u> ิตร ตรีตรรษที่สุขารเพื่องระจริง เประจ ในการที่จะการกับการสร้างสารที่สาวารสรรรษที่สาวารที่สาวารที่สาวารที่สาวารที่สาวารที่สาวารที่สาวารที่สาวารที่สาว
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	Name of Employer	Occupation		
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	Receipt For:		Year-to-Date ▼	1
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	Other (specify)	ji Tana Seria Satu	این مراجعه کارمیسکوسی با زیر و 10م در کردند مراجع میگر کو	
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	Full Name (Last, First, Middle Initial)			
Β.				Date of Receipt
	Mailing Address			<u>רייזייזיאין אוראין אוראין אוראין אוראיי</u> אין
	City	State	Zip Code	
				Amount of Each Receipt this Period
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	federal political committee.	C	a rea a a r	Brownlow 192 - Acordina (1) willing for a fill part of any
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	Name of Employer	Occupation	}	
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	Primary General	gran gene gra	والدار والصالى بالدور التشوي المتصورات الموضعات والمعورات	
	Other (specify)		Summer Burthand - Burk	
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	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
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	•			
	City	State	Zip Code	in the first the second franches the first
				Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee.	C		
	iouerar political committee.	C. ≧	ni Caratan Caratan ang Kabupatén sa Kabupatén sa Kabupatén Sang Kabupatén Sang Kabupatén Sang Kabupatén S	and mark and an in the shear of the shear of the state of the section as
	Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·	7
	Receipt For:		Year-to-Date ▼	1
	Primary General		roan-ro-nare ▲	
	Other (specify)	3		
		he barber	Marales a Case Observation from Colors From	
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S	UBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••	makers hours The Land Sweet Woodler she al Dankam
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S	CHEDULE B (FEC Form 3X)	······			PAGE OF
	EMIZED DISBURSEMENTS	Use separate schedule(s	;) FOR LINE (check only		
		for each category of the Detailed Summary Page	21h	22 23	24 25 26
_			27	28a 28b	28c 29 30b
	ny information copied from such Reports and Staten				
or	for commercial purposes, other than using the name	he and address of any politi	ical committee to	solicit contributions	from such committee.
\mathbb{N}	NAME OF COMMITTEE (In Full)		Λ		
V	MAIANA (MAMBER ()	matession	al Hry		MMHAR
	Full Name (Last, First, Middle Initial)	<u>y</u>			циппе
A.		-		Date of Disburse	ment
				FWVN7 / 10V	<u> </u>
	Mailing Address			and and brief	
	City	State Zip Code			
	City				
	Purpose of Disbursement		Succession and the second s		
					Disbursement this Period
	Candidate Name		Category/		אין איז אין
	Office Sought: House Disbursen	ment For	Туре	in and some " and some in	en de la sector de la tradição de la sector de
		Primary General			
	President	Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)				
Β.				Date of Disburse	ment
				M TW A , D'T	D
	Mailing Address			laniard las	and constant in the
	City	State Zip Code			
	,				
	Purpose of Disbursement		تندم شعد حشر معتا		
	Candidate Name		Level and the second	Amount of Each Disbursement this Period	
	Candidate Name				
	Office Sought: House Disbursen	nent For:	Турө	the manifester of the C. Second S. Second S.	rausines) in discussion de la constitución de la constitución de la constitución de la constitución de la const
	Senate	Primary General			
	President	Other (specify)			
	State: District:	<u></u>			
~	Full Name (Last, First, Middle Initial)			Data of Dishuma	
C.				Date of Disburse	
	Mailing Address				
				Reaction in the	ารรณ์ ปังกระวิทยารมีครามมีเทศที่
	City	State Zip Code			
	Purpose of Disbursement				
			and the second s	Amount of Each	Disbursement this Period
	Candidate Name		Category/		ner in the second s Second second
			Туре	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and and have been been the set
	Office Sought: House Disbursen	·			andar an an a' an a' an a' an
		Primary General			
	State: District:	Other (specify)			
					المرسية بدرانين وروار ومعالية والمراجع
9	UBTOTAL of Disbursements This Page (optional)				
F			P	alarati Barata Barata Santa Santa Barata Barata Barata Santa Santa Santa Santa Santa Santa Santa Santa Santa S	กมา ใหมา 92 เหมือนหลังสมให้เหมา ให้เราหนี เหมา (หมายน ต. กรุงสมบัตรกับ (หมาย สามาร์
Т	OTAL This Period (last page this line number only)		••••••		a manager and an a star and

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SCHEDULE C (FEC Form 3X) LOANS

LOANS	Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEENIN Full) WAI ANA CHANDER CINAVESSION	nal Action Committee		
LOAN SOURCE Full Name (Last, First, Middle Initia) Mailing Address	Election: Primary General Other (specify)		
City State ZIP Cod Original Amount of Loan Cumulative Payment To			
	المست كنية بالمسالحة بين المراجع بدكة بعالية معركية الم الية المستكمية المستكمية المراكمية المراجع الم		
Date Incurred Date Due Image: State St	Interest Rate Secured:		
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		
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 June 2000 Constanting:		
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 r	no Schedule D, carry forward to appropriate line of Summary.		

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

Supplementary for Information found on Page

of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAM	IE OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER	
W	tiona (Mamber Cingressiona	1 Action Committee	r IC	0040559.7	
-	DING INSTITUTION (LENDER) J	Amount of Loan		Interest Rate (APR)	
Fuir		an a granduna sharada ya a granduna granda ya a grandu 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H,	<u> </u>	
Maili	ng Address	Date Incurred or Established	M	/ <u></u>	
City	State Zip Code	Date Due			
_[/	A. Has loan been restructured?	If yes, date originally incurre	d i i	·	
E	Amount of this Draw:	Boloneo		and your general new general of the second sec	
ſ	C. Are other parties secondarily liable for the debt incu	rred? nust be reported on Schedule C.)			
[Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or othe No Yes If yes, specify: 	of deposit, chattel papers,	ر حد میں محمد اور میں اور میں میں میں اور میں اور میں اور میں	value of this collateral?	
	······		interest in it		
E	Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,	erest income, pledged as specify:	l Kanatin Afainati	estimated value?	
	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: האיביסייניע אייניער אייניער אייניער אייניער אייניער	Address:			
	Barrie Carrier	City, State, Zip:			
F	If neither of the types of collateral described above w the loan amount, state the basis upon which this loa	vas pledged for this loan, or if the an was made and the basis on wh	amount pleden nich it assures	ged does not equal or exceed s repayment.	
ſ	B. COMMITTEE TREASURER Typed Name		DATE		
	Signature				
Ŀ					
	I. To the best of this institution's knowledge, the	terms of the loan and other inform	nation regard	ing the extension of the loan	
	are accurate as stated above. II. The loan was made on terms and conditions (in a state of a state	including interest rate) no more fa	vorable at the	e time than those imposed for	
	similar extensions of credit to other borrowers III. This institution is aware of the requirement tha complied with the requirements set forth at 11	t a loan must be made on a basi		res repayment, and has	
			DATE		
	fyped Name (Title (עריין איז				
3.3			<u> </u>	Kangandi kangangan ngandi	

dn

SCHEDULE D (FEC Form 3X)			PAGE OF
DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) MAIANA (MANDER CANA	ressional Action	Commit	ec.
A. Full Name (Last, First, Middle Initial) of Deb	or or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period المسجود الاستين المسجود	Payment This Period	i i	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debto	Beerland on Oberlandse 21. each a berefit or or Creditor		eet (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	المدين <i>المسيحة</i> الم	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debi	lord and a dimensional and the dimensional dime		entitientinetitettientiteritientitettientitettientitettientitettientitettientitettientitettientitettientitettie
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
and the second sec	line norther the three states	ų (m() <u></u>
) SUBTOTALS This Period This Page (optional)		►	n og en som den som en som
2) TOTALS This Period (last page this line numbe	r only)	►	ר בעלי העיר לאינים לאייי לאיי איז איין איין איין איין איין איין אי
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►	ار می از منطق با می از معامل می از می از معامل معامل می از معامل می از معامل می از معامل می از م از معامل معامل می از معامل می از معامل می از معامل می از م
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page or		· Sher - Sherika a tradition

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Check if 24-hour notice 48-hour notice	COMM FEC IDENTIFICATION NUMBER V
Full Name (Last, First, Middle Initiai) of Payee	Date
Mailing Address	
City State Zip Code	ביים ווייניים אורייניים אורייניים אורייים איין איין איין איין איין איין איין
Purpose of Expenditure Category/	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
Full Name (Last, First, Middle Initiat) of Payee	
Mailing Address	Amount
City State Zip Code	יישר עלים איז
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	· · ·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Signature	

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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**

ON BEHALF OF CANDIDATES FOR FED 2 U.S.C. §441a(d))	PAGE OF	
(To be used only	eral Election) FOR LINE 25 OF FORM 3X	
NAME OF COMMITTEE (In Full)	essional Hotion (MMILEC Check if 24-hour notice
Has your committee been designated to make U coordinated expenditures by a political party committee?	Full Name of Subordinate Committee	
YES, name the designating committee:	Mailing Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	L	Purpose of Expenditure
Mailing Address		Date Type
City State	Zip Code	
Name of Federal Candidate Supported Office Sough	nt: House State: Senate District: Presidential	
Aggregate General Election	יישטער איז	Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure
Mailing Address		Date
City State Name of Federal Candidate Supported Office Soud	Zip Code	
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District: Presidential	
	i en ston die station die station die station Be New ston die station die station die station die station die st	Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure Category/ Type
Mailing Address		Date
City State Name of Federal Candidate Supported Office Sound	Zip Code	
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District: Presidential	
Aggregate General Election	in and a family and the second se	Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
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FEC Schedule F (Form 3X) Rev. 02/2003

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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)

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

Flat Minimum Federal Percentage	9	
If the committee will allocate using or	the flat minimum percenta	ge of 50% federal funds, check
If the committee is spending more	than 50% federal funds, in	dicate ratio below
Federal		Contraction of the second s
Nonfederal		₩ ₩ ₩
This ratio applies to (check all that	apply):	
Administrative	ter Drive	communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** OF COMMITTEE No Full) Action (Immittee 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: الحاد بالمعمليات علل بدعل Fundraising Direct Candidate Support % % الميدة المرجا المراج 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: لاتفاعا فعاليت فعاليه بالألا rrensparre g Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: Revised Same as Previously Reported New ACTIVITY OR EVENT IDENTIFIER **FEDERAL % NONFEDERAL %** ACTIVITY IS: agencia per cara p 1710 T (12 ------Fundraising Direct Candidate Support % % www.come.col CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER **NONFEDERAL %** FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % **NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support **%** % CHECK IF THE RATIO IS: Revised New Same as Previously Reported

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

	FOR LINE 18a OF FORM 3X
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iii) Exempt Activities	ار در باین است. می در باین است. است. است. است. می است. می این می این است. این این است. است. است. است. است. است. است. است.
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A:	Full Name (Last, First, Middle Initial)		V		Allocated Activity o	— —
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To -. Distal

be used by State, District and Local Party Committees Only) PAGE OF FOR LINE 18b OF FORM						
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TOTAL This Period (Voter ID)						
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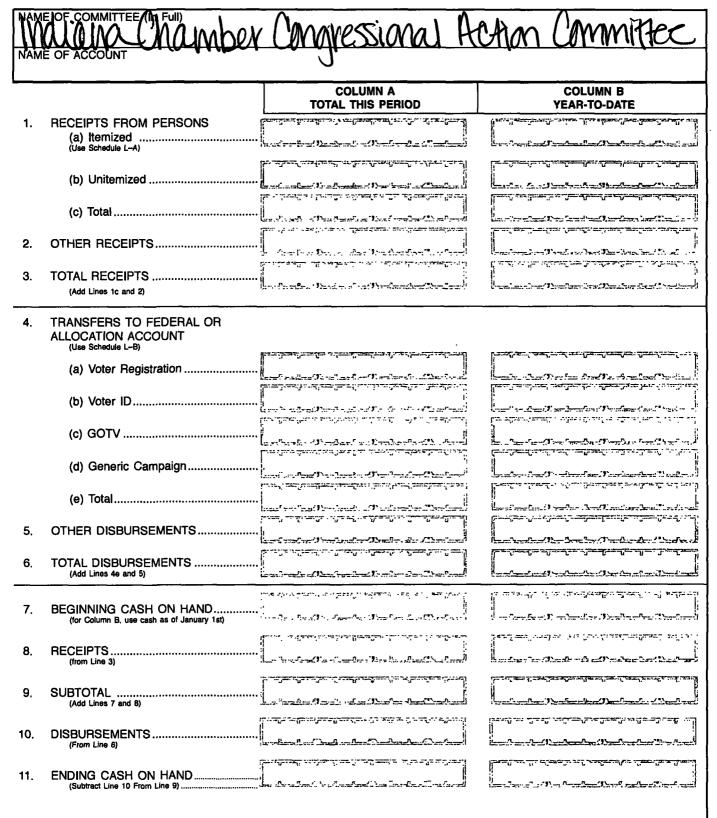
SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS	SCHEDULE H6 (FEC Form 3X)			
FOR ALLOCATED FEDERAL ELECTION ACTIVITY	PAGE OF			
(To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X			
Indiana (Mamber Cingressional AC)	ion L'Ammittee			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code	A start and the			
Purpose of Disbursement Category/ Type	Date			
FEDERAL SHARE + LEVIN SHARE				
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B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement Category/ Type				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
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Purpose of Disbursement Category/ Type				
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FEC Schedule H6 (Form 3X) Rev. 02/2003

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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS



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SCHEDULE L-A (EEC Form 3X) ITEN

SCREDULE L-A (FEC FORM 3X)		PAGE OF
TEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Maian Chamber Cmar	ressional A	ction ammittee.
Full Name (Last, Mrst, Middle Initial) / Full Organization Name A. Mailing Address		
	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	المربع
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SCHEDULE L-B (FEC Form 3X)		
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OF LEVIN FUNDS	Aggregation Page	4b 4d
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or for commercial purposes, other than using the name and add	lress of any political committee to	solicit contributions from such committee.
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USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature 0	Confirmation [™] Label
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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SMA	1/21/09
PREPARER	DÁTE PREPARED

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