2016 · 10 · 12 · 08 · 00104162

FEC FORM 3X

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 OCT 12 AM 11: 23

Rev. 05/2016

Office Use Only

1.	NAME C COMMIT	F TEE (in full)	TYPE	OR I	PRINT ▼			le: If ty _l ne lines.	oing, type	•	12FI	E4M5	- -		
	NIPLL	AINIAI ICIHU	9 <u> n 0</u>	LEI	B1 1010	NIG IRI	<u> </u>	110	NAL	<i>A</i>	<u> C T </u>	1 0 N			
1	OMMI	<u> </u>				1111		1.1		· L <u>l</u>	<u> </u>				
ΑD	DRESS (n	umber and street)	41	151	1411	MAISIHI	(N	51T1U	NIS	11	الاالخا	ITE IS	21012		
•	▼ Check if different									<u>I. </u>					
		previously orted. (ACC)	1 N O 1 A N A P O L			1 5	<u> </u>		1111 416121210		20-				
2.	FEC IDI	ENTIFICATION N	UMBER ▼ CITY A			CITY ▲					STATE ▲		ZIP CODE ▲		
	C o	04055	9 7			3. IS TH REPO		X	NEW (N)	OR		AMENDED (A)			
4.	TYPE (Choose	OF REPORT One)	(b)	Mor Rep	•	Feb 20 (M2)		May 20	(M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)	
	(a) Qua	nerly Reports:			•	Mar 20 (M3)		Jun 20	(M6)		Sep 20 (M9)	. ·	Dec 20 (M12) (Non-Election Year Only)	
		April 15 Quarterly Report (0	21)		4	, Apr 20 (I	M4) 		Jul 20 (M7)		Oct 20 (M10)	7	Jan 31 (YE)	
	* * *	July 15 Quarterly Report (C		(c)	12-Day PRE-Elect			imary (1	•			neral (12G)	i I	Runoff (12R)	
	×	October 15 Quarterly Report (0	23)		Report for	the:	Co	nvention	(12C)		Spe	ecial (12S)			
	·	January 31 Year-End Report (Election on		64 M	/ D - B	,	Y Y	Y Y	in the State o	f	
		July 31 Mid-Year Report (Non-election Year Only) (MY)		(d)	30-Day POST-Ele Report for		Ge	eneral (3	0G)	- 27,	- Ru	noff (30R)	1	Special (30S)	
	;	Termination Report (TER)				Election on	;	M ← M ,	/ D • D	• '	Y • Y •*	y ** y *	in the State o	f	
5.	Covering	Period 0	м ; 7	D	D / Y	, , ,		through		9	, p	0 2 0	16		
		have examined the						dge and	l belief it	is tru	e, corre	ct and comple	te.		
	nature of	/		13	rent	A				D	ate .	M M / 0		2016.	
NO	TE: Submi	ssion of false, erron	eous, c	or inc	omplete info	ormation ma	y subje	ct the p	erson sigr	ning th	is Repo	t to the penalti	es of 52	U.S.C. § 30109.	
_	Off	ice				1						FEC	FOR	м зх	

2016: 10: 12: 03: 00104163

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

_	- ·	sional Action Committee	o: 09 30 2 16
_	<u> </u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand y y y y y January 1 2 0 (6		, 11,811.90
	(b) Cash on Hand at Beginning of Reporting Period	, 12,291.90	•
	(c) Total Receipts (from Line 19)	1,000.00	2,500.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 13,291.90	, , , , , , , , , , , , , , , , , , , ,
	Total Disbursements (from Line 31)		2 3 m · · · · · · · · · · · ·
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.3,2.9.1.90	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , <i>f</i>	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. ,	

For further information contact:

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

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

2016 · 10 · 12 · 08 · 00104164

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Report Covering the Period: From: 07 01 12016 To: 09 3.0. 2016						
	. 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)	Taylor of the second of the se	2,5.0.0.00			
	(ii) Unitemized	Company of the state of the sta	Barrell Barrell Commencer			
	(iii) TOTAL (add	ng nahan na an a patama kata				
	Lines 11(a)(i) and (ii)▶	, .1,0,0,0,.0	, 2,500.00			
	(b) Political Party Committees	d	8			
	(c) Other Political Committees	9				
	(such as PACs)	, , . ø	•			
	(d) Total Contributions (add Lines	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,			
	11(a)(iii), (b), and (c)) (Carry	•	and the second of the second			
	Totals to Line 33, page 5)	, (,0,00.00	2,500.00			
12.	Transfers From Affiliated/Other					
	Party Committees	and the second of the	Barrier State of the Control of the			
13	All Loans Received	of the second second	X			
О.	7.11 Edund Floderida		· , · · · · ·			
1.4	Loan Ronayments Reseived	d				
	Loan Repayments Received Offsets To Operating Expenditures	,	· · · · · · · · · · · · · · · · · · ·			
١٥.	(Refunds, Rebates, etc.)					
	(Carry Totals to Line 37, page 5)	K				
16.	Refunds of Contributions Made	, , ,	, , - 7			
	to Federal Candidates and Other					
	Political Committees	Ó	. Ø			
7.	Other Federal Receipts	, , , , , , , , , , , , , , , , , , ,				
	(Dividends, Interest, etc.)	Ø	Ø			
18.	Transfers from Non-Federal and Levin Fund	s · · · · · · · · · · · · · · · · · · ·				
	(a) Non-Federal Account		Copyright and the control of the control of			
	(from Schedule H3)	. , , <i>p</i>	, , , , Ø			
			•			
	(b) Levin Funds (from Schedule H5)	, , <i>Ø</i>	, , , , , , , , , , , , , , , , , , ,			
	(c) Total Transfers (add 18(a) and 18(b))	, , , , , , , , , , , , , , , , , , ,	,			
9.	Total Receipts (add Lines 11(d),		· · ·			
	12, 13, 14, 15, 16, 17, and 18(c))▶	1,,000000	2,500.00			
		7 (20 14 95 C) 27 (15 C)	· · · · · · · · · · · · · · · · · · ·			
0.	Total Federal Receipts					
	(subtract Line 18(c) from Line 19)▶	100000	2.500.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tills I Citod	Calcilual Teal-tu-Date
	Activity (from Schedule H4)	A	
	(i) Federal Share	$oldsymbol{arphi}_{i_1,\ldots,i_r}$, $oldsymbol{arphi}_{i_1,\ldots,i_r}$	· · · · · · · · · · · · · · · · · · ·
	(ii) Non-Federal Share	P	•
	(b) Other Federal Operating		
	Expenditures	$\dots \dots $, , z o. o o
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	d	
2.	Transfers to Affiliated/Other Party		, , , , , , , , , , , , , , , , , , , ,
	Committees	, Ø	
3.	Contributions to Federal Candidates/Committees and Other Political Committees	, , , , , , , , , , , , , , , , , , ,	<i>b</i>
4.	Independent Expenditures	The state of the s	, , , , , , , , , , , , , , , , , , , ,
5.	(use Schedule E)	P. C.	
	(330 33.0320 1)		
3 .	Loan Repayments Made	, ,	, , Ø
	Loans Made	6	d
١.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	, , ,	, ,
		, , , , , , , , , , , , , , , , , ,	, , ,
	(b) Political Party Committees	, , , , , , , , , , , , , , , , , , ,	and the second of the second o
	(c) Other Political Committees		
	(such as PACs)		· · · · · · · · · · · · · · · · · · ·
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	Samuel State of the State of th	or and a second of the second
		\cdot , σ , σ , σ , σ	· · · · · · · · · · · · · · · · · · ·
9.	Other Disbursements (Including		
	Non-Federal Donations)	, ,	, , .Ø
) .	Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	•	, and the second se
	(i) Federal Share	, , Ø	., , , Ø
	(ii) "Levin" Share	\mathcal{M}	B
	(b) Federal Election Activity Paid	in the state of th	, , , , , , , , , , , , , , , , , , , ,
	Entirely With Federal Funds	8	Ø
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	No. of the second secon	
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	Ø	. 1.0 z 0.00
,	Total Federal Disbursements	· ' ' ' '	, , ,
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	•	
	from Line 31)	0	102000

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 COLUMN A COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X)	Lieu congrato cohodulo(c)	OR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)				
Indiana Chamber Congressi		** T		
Full Name of Individual (Last, First, Middle Initial) or Ful A. William V. Garrett Mailing Address	ii Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State Creenwood I.	N Zip Code 46142	Amount of Each Receipt this Period		
FEC ID number of contributing, federal political committee.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Williams, Agreet & Wilkowsk, LLP	ate Year-to-Date ▼	Memo Item		
Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Ful B. Gretches K. Gutness Mailing Address	Il Organization Name	Date of Receipt		
City State Indianopolis In	Zip Code 46202	Amount of Each Receipt this Period		
Cook Group Inc. Receipt For: Aggregation	Decupation (for Individual) Geneal basiness ate Year-to-Date ▼	, , , , , , , , , , , , , , , , , , ,		
Primary General Other (specify) ▼ .	, , , , , , , , , , , , , , , , , , , ,			
Full Name of Individual (Last, First, Middle Initial) or Ful C. 740445 J. Teffers Mailing Address 7523 Goddard Way City State	Il Organization Name	Date of Receipt 0.7 12 5 2 6 1 6		
Alexandria VI		Amount of Each Receipt this Period		
Name of Employer (for Individual) Lill Rom Company, Inc.	Occupation (for Individual) Grace bisiness ate Year-to-Date ▼ , 2 5 0.0 0	Memo Item		
SUBTOTAL of Receipts This Page (optional)	>	, (,000.00		
TOTAL This Period (last page this line number only)		100000		

SCHEDULE B (FEC FORM 3X)	1,,,	FOR LIN	NE NUMBER: PAGE 1 OF /			
TEMIZED DISBURSEMENTS	Use separate schedu for each category of					
	Detailed Summary Pa					
Any information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
) Today Charles	sions / Action	Committee				
Full Name (Last, First, Middle Initial)	51869 / //CT104	Committee	<u> </u>			
A.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y			
ivianing Address						
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement			i c			
Candidate Name			i Calabara Caraba ra artin ba o			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
·	nent For:					
Senate President	Primary Gene Other (specify) ▼	ral				
State: District:			Memo Item			
Full Name (Last, First, Middle Initial)						
В.			Date of Disbursement			
Mailing Address						
City	State Zip Code					
·	2.5 0000		FEC Identification Number			
Purpose of Disbursement			C			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburser	mant Fam.	Туре	· ·			
Office Sought: House Disburser	Primary Gene	ral	35.7			
President	Other (specify)		Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
			M-M / D-D-7			
Mailing Address						
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement			C			
Candidate Name		Category/	Amount of Each Disbursement this Period			
		Туре				
Office Sought: House Disburset Senate	ment For: Primary Gene	eral	Sur an en en en en en			
President State: District:	Other (specify) ▼		Memo Item			
Conc. District.						
SUBTOTAL of Disbursements This Page (optional)		>	97 97			
TOTAL This Period (last page this line number only)		, , , , , ,			
<u></u>			· · · · · · · · · · · · · · · · · · ·			

SCHEDULE C (FEC Form 3X) LOANS

DANS			Use separate schedule(s) PAGE (for each category of the	"				
			Detailed Summary Page FOR LINE	3 OF FORM 3X				
AME OF COMMITTEE (In Full)								
Tradia (1)	Coaches	ional Action						
LOAN SOURCE Full Name (L			Memo Item Election:					
LOAN GOOTIOE TOIL Name (S		· · ·	Primary					
AA :::			General					
Mailing Address			Other (specify)	•				
		1 212						
City		State	Code					
Original Amount of Loan		Cumulative Payment						
		····································	. . ⊭					
5 5	**	2 25 1 2	- 31 - 3 - 35, W 3 - 35,	. •				
TERMS Date Incurred		Date D		Secured:				
'M' M / D D / Y Y	Y Y	M M / D D /	· · · · · · · · · · · · · · · · · · ·	Yes No				
	<u> </u>	·	. % (apr)	res No				
List All Endorsers or Guarant	ors (if any) i	to Loan Source						
1. Full Name (Last, First, Middl	e Initial)		Name of Employer					
			Competing					
Mailing Address			Occupation					
City	State	ZIP Code	Amount properties which is					
OKY	Ciaio	2 3333	Guaranteed	•				
2. Full Name (Last, First, Middl	le Initial)		Name of Employer					
			Traine of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed					
			Outstanding:	•				
3. Full Name (Last, First, Middl	le Initial)		Name of Employer					
Mailing Address								
Walling Address			Occupation					
City	State	ZIP Code	Amount	triti				
			Guaranteed Outstanding:					
4. Full Name (Last, First, Midd	le Initial)	 	Name of Employer	<u></u>				
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed					
			Outstanding:					
			in the second	_				
SUBTOTALS This Period This Pa	ige (optional)							
				•				
TOTALS This Period (last page in	n this line on	y)	······································	•				
Carry outstanding balance only to	o LINE 3, Sc	hedule D, for this line	. If no Schedule D, carry forward to appropriate	line of Summary.				
		·						

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

Supplementary for					
	n found on				
Page 1	of Schedule C				

derel Floation Commission Westington D.C. 20462		Page of Schedule C
deral Election Commission, Washington, D.C. 20463		
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Indiana Chamber Congressional	Action Commissee	C 00 4 0 5 5 9 7
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
ull Name		
	5	%
ailing Address		'M 'M / 'D 'D' / 'Y V 'Y 'Y
	Date Incurred or Established	
ty State · Zip Code	Date Due	MILMINITOR DE ANTONIO
A. Has loan been restructured? No Yes	If yes, date originally incurre	
B. If line of credit,	Total	of the second se
Amount of this Draw:	Outstanding	and the control of the state of
<u></u>		The Control of the Co
C. Are other parties secondarily liable for the debt incu	irred? must be reported on Schedule C.	
D. Are any of the following pledged as collateral for the		What is the value of this collateral?
property, goods, negotiable instruments, certificates	of deposit, chattel papers,	the color of continued. Sometimes for the continued
stocks, accounts receivable, cash on deposit, or oth	er similar traditional collateral?	the second control of the second
No Yes If yes, specify:		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of inte		What is the estimated value?
collateral for the loan? No Yes If yes,	, specify:	ga striking ng sitinga an singga ann syndramingan bilandinganin angganin an aga an anaga sa sa pasi in sa sa s Sa
		in the training of the large and the confidence of the confidence of the confidence of
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account: Address:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip: vas pledged for this loan, or if the	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: The stable of the types of collateral described above v	Address: City, State, Zip: vas pledged for this loan, or if the	
Typed Name Date account established: Date account established: Date account established: Typed Name Date account established: Output Date account est	Address: City, State, Zip: vas pledged for this loan, or if the	hich it assures repayment. DATE
To 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account established: The property of the types of collateral described above with the loan amount, state the basis upon which this load. G. COMMITTEE TREASURER	Address: City, State, Zip: vas pledged for this loan, or if the	hich it assures repayment.
Typed Name to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account established: Typed Name 100.142(e)(2). A Typed Name Date account established: A Typed Name	Address: City, State, Zip: vas pledged for this loan, or if the	hich it assures repayment. DATE
To the best of this institution's knowledge, the are accurate as stated above. It is 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account established: It is 100.142(e)(2). Date account established: Date account established: If neither of the types of collateral described above with the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan amount, state the basis upon which this load the loan agreement. If the loan amount is load to load the loan agreement is load to load the loan agreement. If the loan was made on terms and conditions (similar extensions of credit to other borrowers)	Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on was made and the basis on was made and other information (including interest rate) no more for comparable credit worthiness.	DATE mation regarding the extension of the loan avorable at the time than those imposed for
To the best of this institution's knowledge, the are accurate as stated above. I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (similar extensions of credit to other borrowers. III. This institution is aware of the requirement that complied with the requirements set forth at 11	Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on was made and the basis on was made and other information (including interest rate) no more for comparable credit worthiness. at a loan must be made on a basis	DATE mation regarding the extension of the loan avorable at the time than those imposed for its which assures repayment, and has
To the best of this institution's knowledge, the are accurate as stated above. I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (similar extensions of credit to other borrowers ill. This institution is aware of the requirement that complied with the requirements set forth at 11 UTHORIZED REPRESENTATIVE	Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on was made and the basis on was made and other information (including interest rate) no more for comparable credit worthiness. at a loan must be made on a basis	DATE mation regarding the extension of the loan avorable at the time than those imposed for his which assures repayment, and has
To the best of this institution's knowledge, the are accurate as stated above. I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (similar extensions of credit to other borrowers III. This institution is aware of the requirement that complied with the requirements set forth at 11 UTHORIZED REPRESENTATIVE Typed Name	Address: City, State, Zip: was pledged for this loan, or if the an was made and the basis on was made and the basis on was made and other information (including interest rate) no more for comparable credit worthiness. at a loan must be made on a basis	mation regarding the extension of the loan avorable at the time than those imposed for sis which assures repayment, and has king this loan.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line)

PAGE	OF.	1
FOR LINE NUMBE (check only one)	R:	9

Ex	cluding Loans		1	pered line)	(oricon oring orio)		10
N/	AME OF COMMITTEE (In Full)	4					
	Puchiana Chamber Congre	essional Herion Commi	rrec				
	A. Full Name (Last, First, Middle Initial) of Del			Nature of D	ebt (Purpose):		
	Mailing Address						
		7.0.1					
	City State	Zip Code					
	Outstanding Balance Beginning This Period						
	பெண்டிய அதன் அறிக்காரி வாகிக்கா விரிக்காகிக்காகிக்காகிக்காகில் களி Amount Incurred This Period ஒன்ற நடைநாகை நகையுக்காருகள் நகையுக்கது என்ற காகிக்காகில் நடிக்காருக்காருகள் நகையுக்கது என்ற காகிக்காகில் கணி	Payment This Period	are stight a sk k k k		ng Balance at Close of		
	hospitalista at his larinta and their or or of the consequence	Samuellangera en il servici en en en el descricte en les en el de	e statit egyes ^f	ీశాలకి కాటిక	. 20 1 2 การกระบบสมาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาช	nesski i sere	all essert ?
	B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):		
	Mailing Address				·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	City State	Zip Code]				
٠	Outstanding Balance Beginning This Period						
	า การเกี่ยงเหมือนเหมือนเหมือนหลังสารเป็นสารเป็น เหมือนการโดยเหมือนการ (1.5)						
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	C. Full Name (Last, First, Middle Initial) of Det	otor or Creditor		Nature of D	ebt (Purpose):		
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	City	State Zip Code					
	Outstanding Balance Beginning This Period						
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Action Committee	C00405597
Check if 24-hour report 48-hour report New report Amends report filed	Jon :
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	an alphaniseran panagan nepara panagan arangan magan magan magan sa panan ga sa s Bana sa
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Offic Oppose	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	สาราสาราสาราสาราสาราสาราสาราสาราสาราสาร
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Man / Do D / Sylvey
Name of Federal Candidate Support Office Oppose	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	्रेष २ वर्ष १ वर्षाम् १ वर्षाः वर वर्षाः
(b) SUBTOTAL of Unitemized Independent Expenditures	्या २० क्ष्मा विद्यालया । स्थानी विद्यालया विद्यालया क्ष्मा विद्यालया क्ष्मा व्यवस्था विद्यालया क्ष्मा विद्यालय विद्यालया विद्यालया । स्थानी विद्यालया विद्यालया क्ष्मा विद्यालया क्षमा विद्यालया क्षमा विद्यालया क्षमा विद्यालय
(c) TOTAL independent Expenditures	en e
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES □ № Mailing Address If YES, name the designating committee: State ZIP Code City Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City Zip Code State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential manageria de monte estas interpretamentos de chargo de Aggregate General Election Expenditure for this Candidate فأعطفت فيد فيكاول بالكواجيسة ويربط لأبواء ووياعا لليومية والمراكب Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: 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)				
Indian Chamber Congressional Action Committee				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)	·			
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
	!			
B. Separate Segregated Funds and Nonconnected Committees	!			
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage				
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SCHEDULE H2 (FEC Form 3X)

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ALLOCATION RATIOS		PAGE / OF
NAME OF COMMITTEE (In FyII)		
Ludiana (hamber Congressional Action	Committee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pr	roportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal cand nunications or voter drive	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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Indiana (yan	de Congression	141 Action	Committee
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ii) Generic Voter Drive			
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iii) Exempt Activities			The second secon
iv) Direct Fundraising (Lis	t Activity or Event Identifier)		
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c) Total Amount Transfe	rred For Direct Fundraising	•••••••••••••••••••••••••••••••••••••••	The state of the s
v) Direct Candidate Supp	ort (List Activity or Event Iden	ntifier)	
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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SCHEDULE H5 (FEC Form 3X)

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

iv) Generic Campaign Activity

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

ii) Voter ID

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

NAME OF ACCOUNT

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

Total Amount Transferred for Voter Registration.....

Total Amount Transferred for Voter Registration.

Total Amount Transferred for Voter ID

Total Amount Transferred for GOTV

Total Amount Transferred for Generic Campaign Activity

DATE OF RECEIPT

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VOTER REGISTRATION

VOTER REGISTRATION

2016-10-12-05-00104179

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

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

PAGE	(OF	1	
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NAME OF COMMITTEE (In Full)		
Indiana (Gamber Congressional Action	Committee	
A. Full Name (Last, First, Middle Initial) / Full Organization Name		of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name	I	oter Registration GOTV
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City State Zip Code		on the will be and a fall and the state of the second
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

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Aggregation Pag	
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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