` Г	FEC FORM	зх	AND	RT OF DISBU Than An A	RSEN	JENT	S		FE (2018 、 Office Us	IAN 31	VED CENTER AM ID: 32
1.	NAME OF COMMITTE	E (in full)	TYPE OR P	RINT V		mple: If typ the lines.	ning, type	12FE4	4M5		···
6	<u> N D I A </u> 0 M M I I DDRESS (numl		141~161E1	<u>Ri (Cio</u>)N _i_i_i_i_i_ _iWi iWiA	L	.1_1_1_1					
201	Check than pr reporte	if different reviously d. (ACC)		$\frac{1}{1}A_{1}N_{1}A_{1}P$	<u>I</u>	<u></u>			4,6,2,		
0 ² - 3 1		HO55			IS THIS REPORT		NEW (N) OR		AMENDED (A)		· •
+ 03 00190206	(Choose On (a) Quarter Qu Ju Qu Qu Qu Qu Qu Qu Qu Qu Qu Qu Qu Qu Qu	REPORT e) rly Reports: oril 15 parterly Report ly 15 parterly Report ctober 15 parterly Report nuary 31 ear-End Report ly 31 Mid-Year eport (Non-elect ear Only) (MY)	(Q2) (Q3) (YE)	On: M On: M 12-Day PRE-Election Report for the: Election 30-Day POST-Election	ction on	Primary (12 Convention	(12C)	Gene Spec	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eral (12G) ial (12S)	I (N Ye J J J I I Ru in the State of	ov 20 (M11) Ion-Election Ion
		rmination Repo ER)	rt	Report for the:	ction on	M				in the State of	
Ту	-	ave examined ame of Treasu	· · · ·	$\frac{2.0}{4}$	of my know	through wledge and		True, correct	and complet	1 7 e.	
	OTE: Submissio Office Use Only	1 1	, or inco	omplete informa	tion may su	bject the pe	erson signing	this Report	FEC	es of 52 U. FORM ev. 05/2016	3X

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) 1 FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name	nal Action Committee	
	Report Covering the Period: From:		$D: \frac{12}{2} \frac{1}{2} $
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	6. (a) Cash on Hand January 1, ZO (7		
2 0 1 8 -	(b) Cash on Hand at Beginning of Reporting Period	1.4.2.7.1.90	
01	(c) Total Receipts (from Line 19)	Ø	1,00,000
N1-03	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1 4 m 2, 7, 1 m 9, 0	1.4.291.90
-	7. Total Disbursements (from Line 31)	2000	4000
0019020	 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	1, 4, 72, 5, 1, 9, 0	14,25,1,90
Q 7	 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 	Ø	
	10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	P	
	This committee has qualified as a mult	ticandidate 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

Γ	, , 1	DETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
W	rite or Type Committee Name	gressional Action Committee	
Re	5		$\frac{M+M}{2} = \frac{1}{2} = $
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15. 16. 17.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	(b) Levin Funds (from Schedule H5)(c) Total Transfers (add 18(a) and 18(b))	المحمد المحم المحمد المحمد	<u> </u>
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))► Total Federal Receipts (subtract Line 18(c) from Line 19)►		<u>(,,0,0,0,0</u>)

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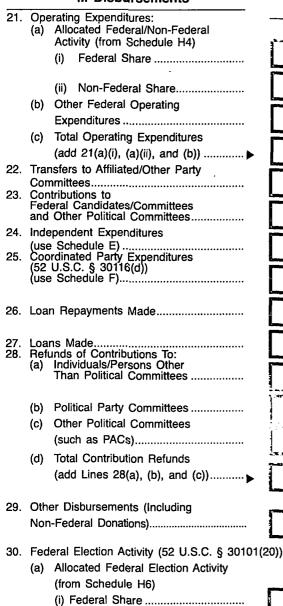
. |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

II. Disbursements

COLUMN A Total This Period



2018-

01

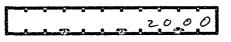
31

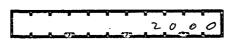
03

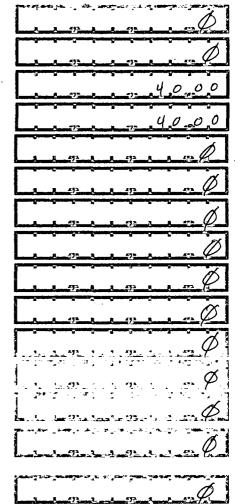
00190209

- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds
 (c) Total Federal Election Activity (add
- Lines 30(a)(i), 30(a)(ii) and 30(b)).....
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......

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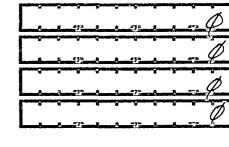


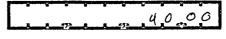


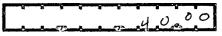


COLUMN B

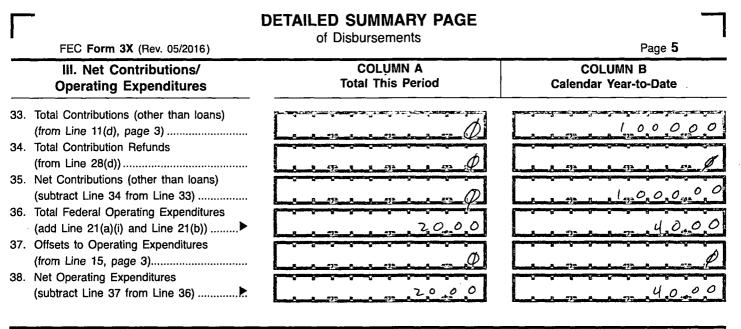
Calendar Year-to-Date







Page 4



	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF / (check only one) 11a 11b 11c 12 113 14 15 16 17
	y information copied from such Reports and Statements for commercial purposes, other than using the name an		erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Indiana Ch		Action Committee
<u>к</u>	Full Name of Individual (Last, First, Middle Initial) or Ful	I Organization Name	Date of Receipt
	Mailing Address		
	City State	Zip Code	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		Decupation (for Individual)	Memo Item
	Receipt For: Aggregit Primary General Other (specify) ▼	ate Year-to-Date V	
	Full Name of Individual (Last, First, Middle Initial) or Ful	II Organization Name	
В.	Mailing Address		Date of Receipt
	City State	Zip Code	- Internal Lateration
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼	
— c.	Full Name of Individual (Last, First, Middle Initial) or Fu	II Organization Name	Date of Receipt
Ο.	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	· · · · · · · · · · · · · · · · · · ·	
	Name of Employer (for Individual)	Dccupation (for Individual)	Memo Item
	Receipt For: Aggreg Primary General Other (specify)	ate Year-to-Date ▼	
┢	UBTOTAL of Receipts This Page (optional)		

SCHEDULE B (FEC Form 3X)						E NUMBER: PAGE OF						
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			(check only one)							
			Summary Page		21b 28a	$\left - \right $	22 28b •	23 28c		26 29	$\left \right $	27 30b
An or	Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee								of s Is fro	olicitin m suc	ng (ch	contributions committee.
\square	NAME OF COMMITTEE (In Full)											
\angle	Indiana Chamber Eugre Full Name (Last, First, Middle Initial)	-551029	Harion	[mmitt	ec						
Α.	P II (Last, First, Middle Initial)					D	ate of	Disburs	eme	nt		
	Mailing Address						м м (2) [′] 2	9		2	017
	IDI W. Washington St. City	State	Zip Code			FI	EC Ide	entificatio	on N	umbei	r	
	Tudiance lis Purpose of Disbursement	IN	46204			Γ						~_]
	Banking Service Charge		L	Cate	gory/	A	mount	of Eacl	n Dis	burse	- f- me	nt this Period
	Office Sought: House Disburser	nent For:			pe	Г						7.000
	Senate President	Primary Other (spec	☐ General cify) ▼] _{Меі}	mo Item	السحما			
	State: District:			-								
В.	Full Name (Last, First, Middle Initial)					D	ate of	Disburs	eme			
	Mailing Address								•			
	City	State Zip Code						entificatio				
	Purpose of Disbursement	Ĩ	~~ .;	~ 1								
	Candidate Name		<u></u>		gory/ pe	Amount of Each Disbursement this Period						
	Office Sought: House Disburser Senate President	Primary	General		he.		 	نيمية الأسمية فيمية الأسمية		9	- <u>-</u> -	- Local Constant
	State: District:	Other (spec	liy)				Me	mo Item				
c.	Full Name (Last, First, Middle Initial)					D	ate of	Disburs	eme	nt		
	Mailing Address					ſ	м ⁻¹ М) ′ [N D	′ [- T	V V V V
	City	State	Zip Code			F	EC Ide	entificati	on N	umbe	r	
	Purpose of Disbursement							,			•••	
	Candidate Name				gory/	Amount of Each Disbursement this Period			nt this Period			
	Office Sought: House Disburser Senate	ment For: Primary	Type Type						·	-75-		A 775 A
	State: District:	Other (spec	sify) ▼				Me	mo Item				
s	UBTOTAL of Disbursements This Page (optional)				►	ſ						
	OTAL This Period (last page this line number only)					Ĩ		······································		X		

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SCHEDULE C (FEC Form 3X)

LOANS			Use separate schedule(s) for each category of the
			Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	Con	and Arti	Demo Item Election:
LOAN SOURCE Full Name (La	st First Mi		Memo Item Election:
	St, 1 1 St, 1410		
	·		General
Mailing Address			Other (specify) ▼
City		State ZIP Co	ode
Original Amount of Loan		Cumulative Payment To	Date Balance Outstanding at Close of This Period
6 6 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			
TERMS Date Incurred		Date Due	Interest Rate Secured:
			% (apr) Yes No
List All Endorsers or Guaranto	rs (if any) t	Q Loan Source	
1. Full Name (Last, First, Middle		<u> </u>	Name of Employer
		\mathbf{X}	•
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address		<u>, ,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address		1	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address		<u></u>	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	e (optional).		
TOTALS This Period (last page in	this line only	y)	
Corre outstanding belongs and the		adula D. for this line. If	
Carry outstanting balance only to	LINE 3, SCI	ieuule D, for this line. I	no Schedule D, carry forward to appropriate line of Summary.

CHE	DULE C–1 (FEC Form 3X)			Supplemen	tary for
	IS AND LINES OF CREDIT FROM LI	ENDING INSTITUTIONS		Information Page	found on of Schedule C
	Election Commission, Washington, D.C. 20463			· · · · · · · · · · · · · · · · · · ·	
NAME	OF COMMITTEE (In Full)		FEC	IDENTIFICA	TION NUMBER
Iu	Idiaha (19mber Congressional	Action Committee		0040	5.5.9.7
ENDI		Amount of Loan		Interest R	ate (APR)
		5 5	•		. %
Mailing	Address	· <u> </u>	1 . M . M	/ . D ` D ` /	Ϋ́ΥΥΥ
		Date Incurred or Established		/ Ď Ď ; / ;	
City	State Zip Code	Date Due	•	r b b j r g	
A.	Has loan been restructured?	If yes, date originally incurred		5 2 5	sγ= γγ
	If line of credit,	Total	harris sai	in a chattan the	a a de castrose que t
	Amount of this Draw:	Outstanding			a ju uanaa ju
C.	Are other parties secondarily liable for the debt incur			<u></u>	
	No . Yes (Endorsers and guarantors m Are any of the following pledged as collateral for the	nust be reported on Schedule C.)		value of this of	· .
Ē.	stocks, accounts receivable, cash on deposit, or othe		Does the le interest in it	nder have a p	erfected security
	collateral for the loan? No Yes If yes,				galan ay mang sa s a sa sa sa sa Na sa <u>sa</u> sa sa sa sa sa
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			··
	Date account established:	Address:			
	no marka in the second of the state of the second of the s	City, State, Zip:			
	If neither of the types of collateral described above w the loan amount, state the basis upon which this loa COMMITTEE TREASURER Typed Name Signature	ras pledged for this loan, or if the a n was made and the basis on whi	ch it assure	s repayment.	equal or exceed
	Attach a signed copy of the less accompati		<u>I</u>		
<u>н.</u> І.	 Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (i similar extensions of credit to other borrowers) III. This institution is aware of the requirement tha complied with the requirements set forth at 11 	including interest rate) no more fav of comparable credit worthiness. t a loan must be made on a basis	vorable at th which assu	ne time than th ures repayment	ose imposed for
AUTHO	DRIZED REPRESENTATIVE				
Typec Signa	I Name ture	Title		/ D D /	Υ < ¥114¥
	· · · · ·		1 2	·····	÷. •

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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF	
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one)	
Excluding Loans		numbered line)	
NAME OF COMMITTEE (In Full)	. A		
Indiana Chamber Congr	essional Action Commin	TEC	
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor.	Nature of I	Debt (Purpose):
Mailing Address			
City State	Zip Code		
		·	
Outstanding Balance Beginning This Period			
יין איז איין אין אין איין איין איין איין			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
and a second	ŝ		
B. Full Name (Last, First, Middle Initial) of Deb			Debt (Purpose):
b. Fun Warne (Last, First, Middle Antial) of Deb			
Mailing Address			-
Mailing Address			
City State	Zip Code		
Outstanding Pelanas Peringing This Period	······································		· · · · · · · · · · · · · · · · · · ·
Outstanding Balance Beginning This Period			
Construction Manufacture Ten Structure Construction and		Outstand	an Balance at Close of This Bariad
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
a Nova all and the statement of the statement	Received and a second second and	atori kontanti	ะ สิ่ง พระจำสารที่สาราชสีชีวารสร้างสารที่สาราช สร้าง สิ่ง
C. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City	State Zip Code		·
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
 A second process of the second proces of the second process of the second process of the second p	ماري مادين مادي الموادية الموادية الموادين المحمل الموادي المريكة المريكة المريكة المريكة المريكة المريكة المر المريكي الموادين الموادية الموادية الموادية الموادية المحمل الموادية الموادية الموادية الموادية الموادية الموادي	ៅ ខ្លាំង ខ្លា ខ្លាំង ខ្លាំង ខ ខ្លាំង ខ្លាំង	al nya mpinaka sala na mpinaka nya na mpinaka nya Na mpinaka na
Benefit and a start with a strange of the strain of the second	handere der Anstein der Anstein Bernather under Aller Anstein	เครียงณ์ ที่สถาปรัสมสัต	and a star for the second s
			ระบัวทุกศรีราชรรังการริ และมีระดงศิลระ สร้าง เริ่มของ เราบัวทุกศรีราชรรังการริ
1) SUBTOTALS This Period This Page (optional)		··· · · · · · · · · · · · · · · · · ·	หล่มีใหม่หนังแรงสินสายให้สายชื่อสามไป แล้วไป แล้วเหตุไ สามารถเป็นสายให้สายชื่อสามารถ และเหตุสาย (
2) TOTALS This Period (last page this line numb		มาใหม่เป็นแต่สีตรูปกระส์ณ ร่างการไป	
3) TOTAL OUTSTANDING LOANS from Schedul		มมารู้แก่งสรายแม่สุดไม่ออกมามีสรายใสมาร์ เอาสาย การนี้ได้การสำรานการการนี้ได้การสำรานการสายสายสาย มันปัจจากที่สุดไม่ และ เป็นสุดไม่เป็นสายสายสายสายสายสายสายสาย	
4) ADD 2) and 3) and carry forward to appropriat	te line of Summary Page (last page onl		adder a free to a loss of the state of the s

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SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Indiana Champer Congressional Action	Committee	C00405597
Check if 24-hour report 48-hour report New repo	rt 🗌 Amends repo	The filed on the second
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	
Name of Federal Candidate		Office Sought: House District:
	Support	President Senate State:
Calendar Year-To-Date	r sine frank and a second	Disbursement For: Primary General
Per Election for Office Sought	the second file of the second	Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address	·	 โละการสีมารณ์ มีสารรับเหลือนเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่องเชื่อ เกิดการที่เป็นเราะ
		Amount ಕ್ರೀ ಶಿ ಕನ್ನಡರ್ ಕ್ರೀ ಕಾರ್ಥಿಕ್ರಾಗ್ ಕಾರ್ ಕ್ರಾ ಕ್ರೀ ಕಾರ್ ಕ್ರಾ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ ಕ್ರೀ
City State	Zip Code	ร้าง
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	10	Disbursement For: Primary General Other (specify) ►
		d s. «Novostanski kanatisessä kanaisistassa ikenselisenselisetta kuuraisesta erijeen ei
(a) SUBTOTAL of Itemized Independent Expenditures		ייייייייייייייייייייייייייייייייייייי
(b) SUBTOTAL of Uniternized Independent Expenditures		ราง เป็นสาย เป็
(c) TOTAL Independent Expenditures		. 🕨 รู้
		โมนอย่าง แล้วเกตได้เกตส์ของเมืองหมือหม่งโคระหม่องหมืองหมือง
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Date	۲۰۰۲ ۲۰۰۰ ۲۰۰۲ ۲۰۰۶ ۲۰۰۶ ۲۰۰۶ ۲۰۰۶ ۲۰۰
Signature		have been been been been been been been be

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SCHEDULE F (FEC Form 3X)						
ITEMIZED COORDINATED PART						
POLITICAL PARTY COMMITTEES						
ON BEHALF OF CANDIDATES F	OR FEDEH	AL OFFICI	5		PAGE (OF /
(2 U.S.C. §441a(d)) (To be	used only by	Political Com	nittees in the Ger	neral Election)	FOR LINE 2	5 OF FORM 3X
NAME OF COMMITTEE (In Full)						
T.I. I. I. I.		I A	ster la			
Has your committee been designated to make	ngression Ful	Name of Sub	ordinate Committee	irtec		
coordinated expenditures by a political party c	· - ·					
YES NO	. (
If YES, name the designating committee:	Ма	iling Address	<u> </u>			
	-			Sta	7/0	Code
	Cit	ý		314		Code
Full Name (Last, First, Middle Initial) of Ea	L			Purpose of Expe	enditure	par my contractions of
	on rayee					attra .
						Сатедоту/
Mailing Address						Туре
City	State	Zip Code	· <u> </u>	Date	° b ⁱ bi ∕i¥ ^a ?	······································
City	Sidie	Zip Wile				
Name of Federal Candidate Supported C	Office Sought:	House	State:	Amount		·····
		Senate	District:		-ry news years by , saing	a angana gana gana si
		Presidential		Mar and markers and the	ى ئەبىمەر قەرەمەر بىرى ئەرىپى	
Aggregate General Election	and a second second	na pro kray kr				
Expenditure for this Candidate	en de la serve	s R. Guerre et	and a later			
Full Name (Last, First, Middle Initial) of Ea	ch Payee			Purpose of Expe	enditure	and the second
	•					Mart Ward
			. <u> </u>	4		Category/
Mailing Address				Date		Туре
City	State	Zip Code	<u>.</u>	-1	د. ۲۰۰۴ / ۲۰۰۴	· · · · · · · · · · · · · · · · · · ·
				a same		li Landov San al
Name of Federal Candidate Supported	fice Sought:	House	State:	Amount		
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FEC Schedule F (Form 3X) Rev. 02/2009

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) Hetion Committee Ongressional 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 If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal Nonfederal This ratio applies to (check all that apply): Generic Voter Drive Public Communications Referencing Party Only Administrative

SCHEDULE H2 (FEC Form 3X) - -

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Fall) Tindiana (under 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	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commisted federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		e. t .
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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SCHEDULE H4 (FEC Form 3	X)			
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FEDERAL/NONFEDERAL ACT	Ίνιτγ			FOR LINE 21a OF FORM
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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 Or

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FEC Schedule H5 (Form 3X) Rev. 02/2003

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS	
FOR ALLOCATED FEDERAL ELECTION ACTIVITY	PAGE (OF
(To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional Action Com	mittee
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
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Mailing Address	Allocated Activity or Event Year-To-Date
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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SCHEDULE	L-A (FE	C Form	3X)	
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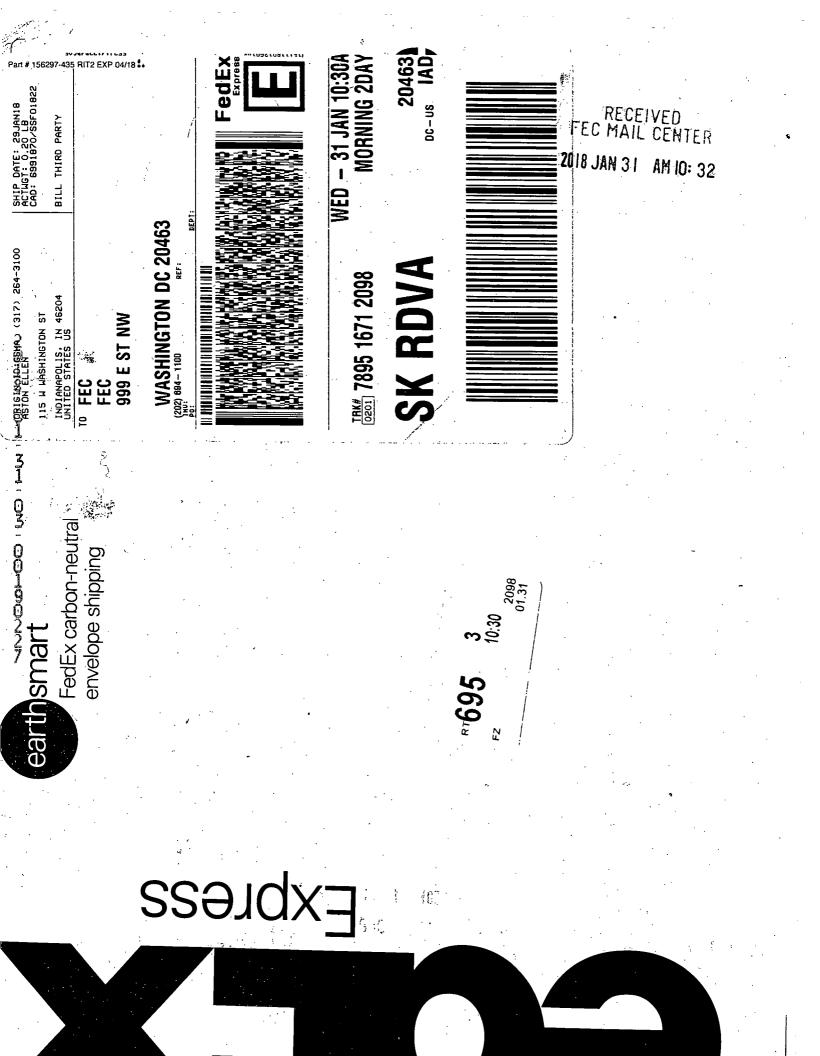
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SCHEDULE L-B (FEC Foi ITEMIZED DISBURSEMENT OF LEVIN FUNDS		Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4b 4d	
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Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
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V Overnight Delivery Service (Specify): FED-EX	Shipping Date i/29/2018
Next Business	
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Red Other (Specify):	ceipt or Postmarked
PREPARER	1/31/2018 DATE PREPARED

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