FEC REPORT OF RECEIPTS	CENTER
FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee 2009 APR 15	AM 10: 23
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5	
INDIANA CHAMBER OF COMMERCE CONGRESSIONA	1
ACTION COMMITTEE	
ADDRESS (number and street)	
Check if different IN	لسب
	╟
2. FEC IDENTIFICATION NUMBER ♥ CITY ▲ STATE ▲ ZIP CODE ▲	
C 00405597 3. IS THIS REPORT X NEW (N) OR (A)	
(Ondose Ond) Year (20 (M11) lection
(a) Quarterly Reports: (a) Quarterly Reports:	20 (M12) Nection Inly)
April 15 Quarterly Report (Q1)	31 (YE)
July 15 (C) 12-Day Primary (12P) General (12G) Ruho Quarterly Report (Q2)	lí (12R)
October 15 Quarterly Report (Q3)	
January 31 Year-End Report (YE) Election on State of	
Benot (Non-election (4) So-Day	al (30S)
Termination Report (TER) Election on State of	1
$\frac{1}{2} \frac{1}{2} \frac{1}$	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
T 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 Davia Barneft	
Signature of Treasurer Dark Samett Date 04'04'20	ňč
	· · · · · · · · · · · · · · · · · · ·
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C.	
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Г _		SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page	2
	Vrite or Type Committee Name	angressional Actio	n Commit	
F	Report Covering the Period: From:	01 2009 To:	03:31:20	008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date	• •
6.	(a) Cash on Hand January 1, ZOOB		2,80	0.99
	(b) Cash on Hand at Beginning of Reporting Period	2,960.99		
	(c) Total Receipts (from Line 19)	, , . <i>0</i>	, -	\mathcal{O}
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, <u>,</u> . ()	, ,	0
7.	Total Disbursements (from Line 31)	, , . D	, ,	0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,860.99	. 2,86	0.99
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)	. , . ()		
	This committee has qualified as a multicand	idate committee. (see FEC FORM 1M)		
-	Fo	r further information contact:		
		Federal Election Commission 999 E Street, NW Washington, DC 20463		
_		Toll Free 800-424-9530 Local 202-694-1100		-
	 _			
FÉ6	AN026			

Γ	- FEC Form 3X (Rev. 06/2004)		SUMMARY PA	AGE		Page 3	–
Ŷ	Vite or Type Committee Name	Imare	ssional	Actio	n am	mitte	e
R	Report Covering the Period: From:	, 0 ₁ 1	2008	To:	03'31	Z0	00
	I. Receipts		COLUMN A Total This Period		COLUA Calendar Ye		
12. 13. 14. 15. 16. 17.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			· · · · · · · · · · · · · · · · · · ·		00000 0000 00000
	(c) Total Transfers (add 18(a) and 18(b))	3	,	Ō	,	,	0
	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)►	, ,	, . , .	0	3	9 4 4 4	0

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DETAILED SUMMARY PAGE

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of Disbursements

•	FEC Form 3X (Rev. 02/2003)	of Disb	ursements	S		Page	4
	II. Disbursements		COLUMN al This Pe			LUMN B	
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)					Tear-to-Dat	
	(i) Federal Share	,	7	. 0	,	5	
	(ii) Non-Federal Share			n		•	
	(b) Other Federal Operating	,	,	· X	.1	,	
	Expenditures	_	_	. ()		_	
	(c) Total Operating Expenditures	,	7	Ň	,	7.	1 m
	(add 21(a)(i), (a)(ii), and (b)) 🕨	,	,	. ()	,	, (10
22.	Transfers to Affiliated/Other Party	,	•	Ň		· · · · · ·	n n
22	Committees	5	;	. U	9	,	U U
23.	Federal Candidates/Committees and Other Political Committees	7	;	. ()		_	D
24.	Independent Expenditures	7		0	÷.	: ;	II X
07	(use Schedule E)	-	,	- U	-	,	U
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	-	-	$\overline{\Lambda}$	-		
	(use Schedule F)	Ŧ	,	. U	7	7	U
				\land			
26.	Loan Repayments Made	5	7	. U	7	7	U
07	Loans Made			n N		ĺ	
27. 28.	Refunds of Contributions To:	;	5	·V	7	5.	
	(a) Individuals/Persons Other Than Political Committees			()		1	
		7	7	· U	7	7	
	(b) Political Party Committees		_	[]		1	··· ()
	(c) Other Political Committees	7	•	· X	7	-	
	(such as PACs)	•	7	. U	5	,	1 U
	(d) Total Contribution Refunds			•			
	(add Lines 28(a), (b), and (c))			()			3 (')
	(add Eines 20(4), (b), and (c))	5	:	. 0	· •	5	
29.	Other Disbursements	7	7	. ()	7.	- (
90	Endered Election Activity (2,11,8,0, 6421/20))			v			
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity						
	(from Schedule H6)			•		i	1 A
	(i) Federal Share			()			H N
		,	7	. 0	7	•	
	(ii) "Levin" Share	1	7	. (^)		_	: ()
	(b) Federal Election Activity Paid Entirely	,		X	•	,	Π Ă
	With Federal Funds	,	,	- ()	, , ,	,	$\parallel U$
	(c) Total Federal Election Activity (add			ň			
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	7	,	- U	7: -	,	
<u>.</u>	Total Diskursements (add Lines Offe) 00						
31.	Total Disbursements (add Lines 21(c), 22,			\wedge		. [(1
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7	3	- U	;	7	
32.	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)			\wedge			
	from Line 31)	-	,	. ()	-		11. U
		7	7	\mathbf{v}	· * ·	7	:k= + ♥ -
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FEC Form 3X (Rev. 02/2003)	DETAILED S of Dist	UMMAR ¹ oursements			 Page <mark> </mark> 5	
III. Net Contributions/Operating Ex- penditures		COLUMN A tal This Per			OLUMN B ar Year-to-Date	1
33. Total Contributions (other than loans)			\mathbf{h}			· •
(from Line 11(d), page 3)	7	7	· 🖌	;	7	U
(from Line 28(d))	3	7	- ()	1	7	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)			Ń			M
16. Total Federal Operating Expenditures	7	5	· Yh	: ?	7	X
(add Line 21(a)(i) and Line 21(b)) ▶	5	,	- V	,	,	U
7. Offsets to Operating Expenditures			Ň		ļ	' 7 0
(from Line 15, page 3) 8. Net Operating Expenditures	2	,	· K	7	7	
(subtract Line 37 from Line 36)	7	,	. U	,		U
EGAN026						

CHEDULE A (FEC Form 3X) FEMIZED 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 13 14 15 16 16
ny information copied from such Reports and r for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contribution a to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ver Cor	gressional A	otion Ommittee
Full Name (Last, First, Middle Initial)		U	Date of Receipt
Mailing Address		<u> </u>	N. 61 / D D / Y Y M
City	State	Zip Code	-
	- *		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1 7 4
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ⊽	Aggregate	Year-to-Date ⊽	
Full Name (Last, First, Middle Initial)	<u> </u>		Date of Receipt
Mailing Address			
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	year-to-Date ♥	
Full Name (Last, First, Middle Initial)		<u> </u>	Date of Receipt
Mailing Address		<u> </u>	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		, , , .
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	<u></u>		- · · · · · · · · · · · · · · · · · · ·

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		(FEC Form BURSEMENT	-	for each	arate schedule(s category of the Summary Page) (check o	NE NUMBE only one) 1b 22 7 28a	23	24 28c	E C	DF 26 1 30b
Any inform	mation copie	ed from such Reports rposes, other than us	and Statem	ents may	not be sold or u	sed by any po	erson for th	e purpose	of soliciting	contribut	tions
NAME	OF COMM	ITTEE (In Full)	Δ.		ession			n Qn	Mh/i	Hee	
Full Na A.	ame (Last, I	First, Middle Initial)	-	U			Date	of Disburse	ement	¥ ¥	;
Mailing	, Address			<u></u>			"	M 7 U			
City	., . <u>.</u>		S	tate	Zip Code						·i
Purpos	se of Disbur	sement		<u>.</u>			Amou	int of Each	Disburseme	nt this f	; Petiod
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City			5	tate	Zip Code						.!
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	ame (Last.	First, Middle Initial)	L			·····			/	<u> </u>	
C.							-	of Disburse	ement	v v	1
Mailing	g Address					· ••••					.]
City		<u></u>	S	tate	Zip Code	1 . N					-
Purpos	se of Disbur	sement					 Amou	unt of Each	Disburseme		· ·
Candid	late Name	<u> </u>				Category/		in or Each			
Office	Sought:	House Senate President		ent For: Primary Other (spe	General ecify) ▼	Туре		y .	. 5		
State:		District:				·		<u> </u>	<u></u>		<u>;</u>
<u> </u>		ursements This Page (last page this line n		<u>. </u>	·		-	· · · · ·	7 :		
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HEDULE C (FEC Fo ANS			Use separate so for each categor	chedule(s)	PAGE	OF	
			Detailed Summa	ary Page	FOR LINE	13 OF FORM	X8, IV
ME OF COMMITTEE (In Full)	mber l	maves	ional A	Chry	Qm etion:	mitte	2
Mailing Address	LdSL, Filst, Middie				Primary General Other (specify	י ע (ע	:
City	S	tate ZIP (Code		; 	i	- <u> </u>
Original Amount of Loan		Cumulative Payment		Balance (Outstanding at	Close of Thi	s Pe
,	5	5	; ·			: : :	1
TERMS Date Incurred	<u> </u>	Date Du		rest Rate	<u></u>	Secured:	- <u></u>
	чүү M	א מע / וויי	v v v v	-	% (apr)	Yes	Ċ
List All Endorsers or Guarar		_oan Source					1
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employe	ər			i
Mailing Address		t,	Occupation	u			+ !
City	State	ZIP Code	Amount Guaranteed Outstanding:		 5		 : .
2. Full Name (Last, First, Mid	dle Initial)	<u></u>	Name of Employe	31	·····	 !	 -
Mailing Address			Occupation		i		 , ,
City	State	ZIP Code	Amount Guaranteed				
3. Full Name (Last, First, Mid	dle Initial)		Outstanding: Name of Employe	ər	·······		1
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City	State	ZIP Code	Amount Guaranteed				<u> </u>
-			Outstanding:	, 	•		!
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Mailing Address			Occupation			÷	
City	State	ZIP Code	Amount Guaranteed Outstanding:	5	· ,	· · · · ·	:
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TALS This Period (last page	in this line only)		►		7	· ·	;

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CHEDULE C-1 (FEC Form 3X) OANS AND LINES OF CREDIT FROM ederal Election Commission, Washington, D.C. 20463	LENDING INSTITUTION	S L	Supplementar Information fo Page o	
NAME OF COMMITTEE (In Full)	ianal Adim am			
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate	e (APR)
Aailing Address	Date Incurred or Established		р р / ч	Y Y V
City State Zip Code	Date Due	M 53 1		" [] " - -
A. Has loan been restructured?	If yes, date originally incurre		DD/Y	V V V
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	· .	,	
C. Are other parties secondarily liable for the debt in	curred? s must be reported on Schedule C.)			
property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or o No Yes Yes If yes, specify: E. Are any future contributions or future receipts of in collateral for the loan? No Yes	ther similar traditional collateral?	Does the lender interest in it? What is the esti	No] Yes
A depository account must be established pursuar	nt Location of account:	;	. :	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:		<u> </u>	
M M / D D / Y Y Y	City. State, Zip:	<u></u>		
F. If neither of the types of collateral described above the loan amount, state the basis upon which this I				Jal or exceed
G. COMMITTEE TREASURER Typed Name Signature			y / D J	v v
H. Attach a signed copy of the loan agreement.				1
 TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrower This institution is aware of the requirement the complied with the requirements set forth at the complete the set of the set	te terms of the loan and other inform s (including interest rate) no more fa rs of comparable credit worthiness. hat a loan must be made on a basi	avorable at the tim	ne than those	e imposed fo
UTHORIZED REPRESENTATIVE Typed Name		DATE		
Signature	Title	M [*] M [*] V (Y / G U	

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CHEDU	JLE D (FEC Form 3X)	ſ		PAGE	OF	
	AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBE	— - <u>†</u>	<u>;</u>
	J Loans		for each numbered line)	(check only one)	-	9
	COMMITTEE (In Full)					
VAI O	ina inamber	Maressimal A	etin U	mmille	e	:
A. Full	Name (Last, First, Middle Initial) of D	ebtor or Oreditor	Nature of D	ebt (Purpose):		- -
Mailing	Address					, ,
City	State	Zip Code				!
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ł	Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close		1
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р. гин 1	Name (Last, First, Middle Initial) of De	Dior or Creditor	Nature of U	ebt (Purpose):		
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City	State	Zip Code				1
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C. Full	Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of D	ebt (Purpose):	╾┿╍┿	
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Mailing	Address					
City		State Zip Code				
Outs	anding Balance Beginning This Period			<u> </u>		
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) TOTAL) TOTAL	DTALS This Period This Page (optional S This Period (last page this line num OUTSTANDING LOANS from Sched	iber only)	···· ►	:	······································	

SCHEDU	ILE	E (FEC	Form	3X)
ITEMIZED	INDE	EPEN	IDENT	EXPE	NDITURES

NAME DF COMMITTEE (in Full) PEC IDENTIFICATION NUMBER Check II 24-hour notice Full Name (Last, First, Middle Initial) of Payee Date Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Arrount City State Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Office Sought: Calendar Year-To-Date Per Election for Office Sought state Full Name (Last, First, Middle Initial) of Payee Date Value Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Calendar Year-To-Date Per Election for Office Sought s Purpose of Expenditure Date City State Zip Code s Full Name (Last, First, Middle Initial) of Payee Date City State Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Office Sought Name of Federal Candidate Supported or Opposed by Expenditure: Office Sought Name of Federal Candidate Supported or Opposed by Expenditure: O	EMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expanditure Category/ Type Ottice Sought: House State Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Diabursement For: Primary Generic Full Name (Last, First, Middle Initial) of Payee Date If	ME DE COMMITTEE (IN FUII)	┍╴╾╴╾┰╼╴╼╴┹╴┈╸╴╺╴╺╴╴╴╴╢╶╷╢┈╸
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opposed Category/ Type Disbursement For: Privary Gene Category/ To Office Sought Disbursement For: Privary Gene Category/ To Office Sought Disbursement For: Privary Gene Full Name (Last, First, Middle Initial) of Payee Date # # / # # / # # / # / # / # / # / # / #		mm.c 0040559
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Category/ Type Disbursement For: Primary Generation Category/ Tor Office Sought Disbursement For: Primary Generation Mailing Address Date Date Arrount City State Zip Code Arrount Mailing Address Arrount State: State: Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Generatic Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Generatic (b) SUBTOTAL of temized Independent Expenditures	Full Name (Last, First, Middle Initial) of Payee	Date
City State Zp Code Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Category/ Type Disbursement For: Primary Generation Category/ Tor Office Sought Disbursement For: Primary Generation City State Zip Code Date 2 Mailing Address Amount District State: State: Oity State Zip Code 2 Anount Mailing Address Anount 2 Check One: State: Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppo Category/ Type Office Sought House State: Senate Oppo Category/ Type Office Sought State: Senate District Senate Oppo Category/ Type Other (specify)		M M / D D / Y Y Y Y
City State Zp Code 7 Purpose of Expenditure Category/ Type Office Sought: House State Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Catendar Year-To-Date Per Election for Office Sought i Disbursement For: Primary General Fuil Name (Lasi, First, Middle Initial) of Payee Date If	Mailing Address	
Purpose of Expenditure Category/ Type Office Sought: House State: State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Catendar Year-To-Date Per Election for Office Sought Disburssment For: Primary Geter Full Name (Last, First, Middle Initial) of Payee Date Category/ Type Other (specify) Category/ Amount City State Zip Code Amount State Disbursement For: Primary Geter Name (Last, First, Middle Initial) of Payee Date City State Zip Code Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Catendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Geter (a) SUBTOTAL of temized Independent Expenditures p , , , , (b) SUBTOTAL of Unitemized Independent Expenditures p, , , , , , (c) TOTAL Independ	City State Zin Code	Amount
Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opposed opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Fuil Name (Last, First, Middle Initial) of Payee Date Image: Category/ Other (specify) Mailing Address Amount Image: Category/ Office Sought Image: Category/ Purpose of Expenditure Category/ Ype Office Sought Image: Category/ Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Category/ Type Office Sought Image: Category/ Office Sought Image: Category/ Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Image: Category/ Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures p , , , , (b) SUBTOTAL of Unitemized Independent Expenditures p , , <td></td> <td>5 7</td>		5 7
Name of Federal Candidate Supported or Opposed by Expenditure: President Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gene Category/ Type Full Name (Last, First, Middle Initial) of Payee Date L K /	Calegory	
Calendar Year-To-Date Per Election for Office Sought Disbursement Far: Primary General General Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Image: Calegory/ Type Date Mailing Address Arrount Image: Calegory/ Type Office Sought Image: Calegory/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: State: State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Stapport Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) p (a) SUBTOTAL of Independent Expenditures p , , , (b) SUBTOTAL of Unitemized Independent Expenditures p , , , Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or and with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.		
tor Office Sought :		eck One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Date Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gene (a) SUBTOTAL of Itemized Independent Expenditures p , , , (b) SUBTOTAL of Unitemized Independent Expenditures p , , , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or com , , , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or com , , , , , under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or com , , , , under penalty of perjury I certify that the independent expenditures or agent of either, or (if the reporting entity is not a poliparity comm		الاسا السا
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought House State: Senate Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gene (a) SUBTOTAL of Itemized Independent Expenditures b , , (b) SUBTOTAL of Unitemized Independent Expenditures b , , (c) TOTAL Independent Expenditures , , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	Full Name (Last, First, Middle Initial) of Pavee	
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures p , , (b) SUBTOTAL of Unitemized Independent Expenditures p , , (c) TOTAL Independent Expenditures p , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poin party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·	
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gene (a) SUBTOTAL of Itemized Independent Expenditures p , , (b) SUBTOTAL of Unitemized Independent Expenditures p , , (c) TOTAL Independent Expenditures p , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or consultation, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a plot party committee or its agent.	Mailing Address	Amount
Purpose of Expenditure Category/ Type Office Sought: House State: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opport Category/ Type Check One: Support Opport Opport Category/ Type Disbursement For: President Opport Opport Category/ Catendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures > , , , (b) SUBTOTAL of Unitemized Independent Expenditures > , , , (c) TOTAL Independent Expenditures > , , , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con , , , under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con , , , under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con , , , Under penalty of perjury any political party committee or its agent.	City State Zip Code	
Category Type Senate District: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppo Category Disbursement For: Prisident Oppo Category Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General (b) SUBTOTAL of Unitemized Independent Expenditures Disbursement For: y y (c) TOTAL Independent Expenditures y y y Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent. M M M V V Y		
Name of Federal Candidate Supported or Opposed by Expenditure: President Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary (a) SUBTOTAL of Itemized Independent Expenditures > , (b) SUBTOTAL of Unitemized Independent Expenditures > , (c) TOTAL Independent Expenditures > , (d) reality of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.		fice Sought: House State:
Calendar Year-To-Date Per Election tor Office Sought Check One: Support Opport (a) SUBTOTAL of Itemized Independent Expenditures > , , , (b) SUBTOTAL of Unitemized Independent Expenditures > , , , , (c) TOTAL Independent Expenditures > , , , , , Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. M M / 0 / Y Y Date M M / 0 / Y Y Y		
Image: Substrate to the second of the se		
(b) SUBTOTAL of Uniternized Independent Expenditures		ا زامیا ا
(b) SUBTOTAL of Unitemized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	·
(c) TOTAL Independent Expenditures		1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	(b) SUBTOTAL of Uniternized Independent Expenditures	• • •
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	(c) TOTAL Independent Expenditures	, ,
Date	with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	ner, or (if the reporting entity is not a political
	Date	им/ор/ччч <mark>ч</mark>
	Junatura	

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LITICAL PARTY COMMITTE BEHALF OF CANDIDATES U.S.C. §441a(d))	FOR FED				PAGE	OF	' '
MELOF COMMITTEE (In Full)	be used only	by Political Comm	ittees in the Ge	Millection)	FOR LINE 25 (Check 24-hor	— _ {··-	+
your committee been designated to ma rdinated expenditures by a political party YES NO ES, name the designating committee:	-	Full Name of Subor Mailing Address	dinate Committee	e			
		City		Stat	e ZIP Co	ode (.
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Çate	l
Mailing Address City	State	Zip Code		Date	D / Y.Y	<u> </u>	/pe
Name of Federal Candidate Supported	Office Sough		State: District:	Amount			
Aggregate General Election Expenditure for this Candidate >	;	5 -		ing (2 U.S	ed Due to Oppo S.C. §441a(i)/441		Spe
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Cate	
Mailing Address City	State	Zip Code		Date	l		/pe
Name of Federal Candidate Supported	Office Sough	nt: House Senate	State: District:	Amount			
Aggregate General Election Expenditure for this Candidate ►	,	Presidential			; sed Due to Oppo S.C. §441a(i)/441		
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	nditure	Cate	
Mailing Address				Date			pe
City	State	Zip Code			D / Y.Y		
Name of Federal Candidate Supported	Office Sough	nt: House Senate Presidential	State: District:	Amount	· · ·		

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

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METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDEPAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, D. trict 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)

hamber Congressional Ac USE ONLY ONE SECTION, A or B A. State and Local Party Committees \sim Fixed Percentage (select one) M \sim 5 ___ Presidential-Only Election Year (28% Federal) ¢¢ Ŵ ____ Presidential and Senate Election Year (36% Federal) Ø M O ____ Senate-Only Election Year (21% Federal) \$ \sim ____ 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

Generic Voter Drive

Federal		. •.	•	%	>
Nonfederal				. %	
ratio applies to (check all that apply):					

Public Communications Referencing Party Only

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Administrative

HEDULE H2 (FEC Form 3X) LOCATION RATIOS		PAGE C	DF
Malana Mainber angressional A	chan Comm	iffee	:
TIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA TIVITIES APPEARING ON THIS REPORT. hods of allocation:	TE SUPPORT		-
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of	:
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the beneficitivity. For PACs Only: Direct candidate support includes public commin federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal candio nunications or voter drives	lates from the that refer to be	oth
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	4Ľ %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	- %	- - 	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	
ACTIVITY IS:	, %		-111 70
CHECK IF THE RATIO IS:			·]
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	44 44 %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	- %		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	· AL %
ACTIVITY IS:	. %		: .
CHECK IF THE RATIO IS: New Revised Same as Previously Reported			:
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	AL %
ACTIVITY IS:	- %		
CHECK IF THE RATIO IS:			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDER	AL %
ACTIVITY IS:	- %	 	
CHECK IF THE RATIO IS:	- %	, i ,	ļ

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

PAGE	OF

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FOR LINE 18a OF FORM 3X

	OF COMMITTEE (In Full)	ngressi	onal	AC	tion (Dmi	mita	ee
NA	ME OF ACCOUNT	DATE OF RECEIPT	г 		TOTAL	AMOUNT	TRANSFE	RRED
		M M / D D	, v v	¥ ¥		5	5	•
BR	EAKDOWN OF TRANSFER RECEIVED							
1)	Total Administrative					; .	;	
i) Generic Voter Drive					:		•
i	i) Exempt Activities					7	7	
i	Direct Fundraising (List Activity or Event Ide	ntifier)						
	a)	·	;	•				
	b)							
		;	-	-				
	c) Total Amount Transferred For Direct Fundra	aising				2	;	-
) Direct Candidate Support (List Activity or Ev	vent Identifier)						
	· · · · ·							
	a)		-					
	b)	7	7	•				
	c) Total Amount Transferred For Direct Candid	date Support				5	7	
1								
<u>`</u>	i) Public Communications Referring Only to	Party (Made by PAC)				5	;	
{	TOTALS FO	OR BREAKDOWN OF	TRANSFE	RECEIV	EÐ			
TOT	L This Period (Administrative)					•		
			9	•	3 . •	•		,1
тоти	L This Period (Generic Voter Drive)			7	:	•		1
							ا ب	
TOTA	L This Period (Exempt Activities)			''	,	•		
Тот	L This Period (Direct Fundraising)				, ,			
					•			
тоти	L This Period (Direct Candidate Support)						:•	
тот	L This Period (Public Communications Referring	Only to Party)			. 3	· · · · · · · · · · · · · · · · · · ·		
	L This Period (Total Amount Transferred)		•••••		• • •	l. •	7 :	•
						Cabadula		1 10/200

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	SBURSEMENTS FOR ALLOCA DERAL/NONFEDERAL ACTIV					PAGE OF FOR LINE 21a (ORM 3
2	Full Name (Last, First, Middle Initial)	On	gressi	onal	Allocated Activity of	COM Y r Event:	Ń	itte
	Mailing Address		<u></u>	<u> </u>	Administrative	Fundraising	T	1
•	City	State	Zip Code	<u> </u>		(ref to party only)		{
-	Purpose of Disbursement:				- Allocated Activity	or Event Year-To	-Date	• 9 #
-	Activity or Event Identifier:				5	;		;
				Category/ Type	Date 4	V V 0	Y	¥ ¥
	FEDERAL SHARE	+	NONFEDERAL	SHARE	<u>ה</u>	OTAL AMOUNT		
	9 5 "		\$ 5	•	7	7	 	
	Full Name (Last, First, Middle Initial)				Allocated Activity o	r Event:	h	Exempt
	Mailing Address				Voter Drive	Direct Candid	T	
•	City	State	Zip Code		-	(ref to party only)	1.	
•	Purpose of Disbursement:			<u>.</u>	Allocated Activity	or Event Year-To	-pate	9
-	Activity or Event Identifier:			Category/ Type	7 M M /	7 Y \ Q Q		, , , , , , , , , , , , , , , , , , ,
	FEDERAL SHARE	+	NONFEDERAL	I SHARE	<u> </u>	OTAL AMOUNT		
	; ; ·		, ,		7	-	 _ '	
	Full Name (Last, First, Middle Initial)		······································	····	Allocated Activity o		<u></u>	
	Mailing Address			<u>-</u>		Fundraising	1	;
	City	State	Zip Code	<u></u>	Public Comm	(ref to party only)	by F	AC
-	Purpose of Disbursement:	<u> </u>			 Allocated Activity 	or Event Year-To-	Date	
	Activity or Event Identifier:			Category/	5 5	· 5	• :	!
				Туре	Date			
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=T	OTAL AMOUNT		
	s s •		3 3	•		· ·	• ₁	
J	BTOTAL of Allocated Federal and NonFedera FEDERAL SHARE	I Activity Th +	nis Page NONFEDERAL	SHARE	= т	OTAL AMOUNT		

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SCHEDULE H5 (FEC Form 3X)		
•	-		
TRANSFERS OF LEVIN FUNDS ALLOCATED FEDERAL ELECT			
(To be used by State, District and Lo		PAGE OF	
· · · · · · · · · · · · · · · · · · ·		FOR LINE 18b OF	FORM 3X
	Maguessime!	atian Mannai M	e
IN TOTAL A RATIONAL OF CONVICENT	UNMESSIONAL MI	MOVI WINNING	
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRE	D
	ד י י י ט ט י הא ואי		:
BREAKDOWN OF THIS TRANSFER	VOTER REGISTE		
I) Voter Registration			i i
Total Amount Transferred for V		-	
ii) Voter ID	v	OTER ID	
Total Amount Transferred for V	oter ID	; ·	
iii) GOTV		GOTV	
		; ;	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity Total Amount Transferred for G	Seneric Campaign Activity		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRE	D'
	MM/DD/YYYY		
		,	
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration	VOTER REGISTE	IATION	
Total Amount Transferred for V	/oter Registration		: !
ii) Voter ID	v	OTER ID	;
Total Amount Transferred for V	/oter ID	7	-
	,	GOTV	i
iii) GOTV Total Amount Transferred for 0	GOTV	. "	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity			
total Amount Transferred for C	Generic Campaign Activity	· · · · ·	
	BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)	
	BREAKDOWN OF TRANSFER RECEIVED (L	ast raye only)	
TOTAL This Period (Voter Registratio	n)		
	5 F	• .	
TOTAL This Period (Voter ID)		[
	9	,	
TOTAL This Period (GOTV)			:
1			
TOTAL This Period (Generic Campaig	gn Activity)	, ,	
1			
TOTAL This Period (Total Amount of	Transfers Received)		

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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 FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE OF FUIL) Indiana Chamber Congressiona	
A. 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
City State Zip Code	
Purpose of Disbursement Catego Typ	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Oampaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Catego Typ	ory/ Date
FEDERAL SHARE + LEVIN SHARE	
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
City State Zip Code	
Purpose of Disbursement Catego Typ	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
7 9 • 7 7	• • • • • • • • • • • • • • • • • • •
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
, , , , , , , , , , , , , , , , , , ,	hare to 30(a)(ii)) TOTAL AMOUNT
, , - LEVIN SHARE	· · · · · · · · · · · · · · · · · · ·
TOTAL This Period for the Levin Share	

FEC Schedule H6 (Form 3X) Rev. 02/2003

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

NAM	E OF COMMITTEE	Chamber	Omar	essic	mal	Action	n am	Mi	170	e
NAM				olumn a . This Per			COLU YEAR-T			
1.	RECEIPTS FRO (a) Itemized (Use Schodule L-A		IOTAL	, 1815 PER			TEAN-I	,	•	· ·
	(b) Uniternize	d	3	7			· • • •	3	-	
	(c) Total		5	9	•		. J .	,	 .	
2.	OTHER RECEI	тѕ	3	2	•		. s .	, ,		
3.	TOTAL RECEIP (Add Lines 1c and	ΓS 2)	3	7	•		, - ;	2		
4.	TRANSFERS TO ALLOCATION A (Use Schedule L-	CCOUNT								
	(a) Voter Re	gistration	t	5	•		· · ·	; .		
	(b) Voter ID		3	3				,		
	(c) GOTV		9	7			5		 -	
	(d) Generic (Campaign	9	5			۰ ۲۰۰۶	:		:
	(e) Total		3	5			7 .	5 .		
5.	OTHER DISBUR	SEMENTS	. 7.	,		•.		;		
6.	TOTAL DISBUR	SEMENTS	7	,		•	5 : ·			
7.		SH ON HAND	7.		·•	· ·	· 5 · · ·	:		<u>.</u>
8.	RECEIPTS		,	· 9		* . * 2	; · ;	7 .:		
9.	SUBTOTAL	3)	3	,		· · ·	,	5 ··· .		
10.	DISBURSEMEN (From Line 6)	TS				· · ·	. · · ·	• •		:. :•
11.		ON HAND			. · .		, .: С. 1 ца	и Эп		· .

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	1		1 1
	-A (FEC Form 3X)	Use separate schedule(s)	PAGE OF
	CEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2
Any information copie or for commercial put	d from such Reports and Statements may not poses, 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
	a Ohamber Cenare	ssional A	ction ammittee
Full Name (Last, r A.	irst, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address			4
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer	or Principal Place of Business		Aggregate Year-to-Date
Occupation			
Full Name (Last, F	irst Middle Initial) / Full Organization Name		Date of Receipt
B.			4 K / D 3 / V V V
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer	or Principal Place of Business		
Occupation			Aggregate Year-to-Date
Occupation			5 : r·
Full Name (Last, F	irst, Middle Initial) / Full Organization Name		Date of Receipt
			γγ [*] γΥ\ας\%i
Mailing Address		-	Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer	or Principal Place of Business		
Occupation			Aggregate Year-to-Date
Full Name (Lock F			
Dii Name (Last, F	irst, Middle Initial) / Full Organization Name		Date of Receipt
Mailing Address			
	· · · · · · · · · · · · · · · · · · ·		Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer	or Principal Place of Business		Aggregate Year-to-Date
Occupation	+		
r			3 3 6
SUBTOTAL of Rece	ipts This Page (optional)	••••••	. , , , ,
TOTAL This Period	last page this line number only)	<u>,</u>	
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S	CHEDULE L-B	(FEC Form 3X)		FOR LINE NUMBER: PAGE	OF
	EMIZED DISBU		Use separate schedule(s)	(check only one)	
			for each category of the Aggregation Page	4a 4c	[_] 5
U	F LEVIN FUND	P	Aggregation Tage	4b 4d	
A	y information copied fr	m such Reports and Statements may n	ot be sold or used by any perso	on for the purpose of soliciting contrib	utions
or	for commercial purpos	es, other than using the name and addre	ess of any political committee to	solicit contributions from such comm	ittee.
Ν	NAME OF COMMITTE		ı .A		
2	Indiana	Chamber Cmo	ressional A	totion Commit	tee
Α.	Full Name (Last, First,	Middle Initial) / Full Organization Name)	Date of Disbursement	
А.					1
	Mailing Address			M M J U J Y Y Y	Y Y
	Walling Address				1
	City	State	Zip Code	Amount of Each Disbursement this	s Period
	Purpose of Disbursem	ent		; ;	
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	Full Name (Last, First	Middle Initial) / Full Organization Name			1 1
В.				Date of Disbursement	
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	Mailing Address				
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	City	State	Zip Code	Amount of Each Disbursement this	s Period
	Purpose of Disbursem	ent			
				7 . ~	1 II
	Full Name (Last, First	Middle Initial) / Full Organization Name			<u> </u>
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	Full Nerre (Lest. Fire	Middle Initial) / Full Organization Name	<u></u>		
D.	Full Name (Last, Fils)	widdle initialy / Full Organization Name		Date of Disbursement	
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_					
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