

**FEC
FORM 3X**

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

RECEIVED
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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street)

115 W WASHINGTON ST, SUITE 850 S

Check if different than previously reported. (ACC)

INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00405597

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT

(Choose One)

(a) - Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY
11 / 06 / 2012

in the State of

IN

5. Covering Period

MM / DD / YYYY
10 / 18 / 2012

through

MM / DD / YYYY
11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Darla Barnett

Signature of Treasurer

Darla Barnett

Date

12 / 04 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

12030970230

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period:

From:

10 / 18 / 2012

To:

11 / 26 / 2012

12030970231

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2012 | | 856.90 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 2844.90 | |
| (c) Total Receipts (from Line 19) | 1000.00 | 3000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 3844.90 | 3856.90 |
| 7. Total Disbursements (from Line 31) | 250.00 | 262.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 3594.90 | 3594.90 |
| 9. 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) | Ø | |



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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

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).....

1,000.00

3,000.00

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,000.00

3,000.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,000.00

3,000.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,000.00

3,000.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,000.00

3,000.00

12030970232

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|----------|----------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0 | 0 |
| (ii) Non-Federal Share | 0 | 0 |
| (b) Other Federal Operating Expenditures | 0 | 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 | 0 |
| 22. Transfers to Affiliated/Other Party Committees | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,500.00 | 2,620.00 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0 | 0 |
| 26. Loan Repayments Made | 0 | 0 |
| 27. Loans Made | 0 | 0 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs) | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0 | 0 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 | 0 |
| (ii) "Levin" Share | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 2,500.00 | 2,620.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 2,500.00 | 2,620.00 |

12030970233

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 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
(subtract Line 37 from Line 36)

| |
|----------|
| 1,000.00 |
| Ø |
| 1,000.00 |
| Ø |
| Ø |
| Ø |

| |
|----------|
| 3,000.00 |
| Ø |
| 3,000.00 |
| Ø |
| Ø |
| Ø |

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

| | | | | |
|--------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE | | OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

Full Name (Last, First, Middle Initial)

A. *Potter, Jeff*

Mailing Address

1910 St Joe Center Road, Suite 61

City

Foot Wayne

State

IN

Zip Code

46825

FEC ID number of contributing federal political committee.

C

Name of Employer

Fr. Wayne Basketball Group, LLC

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 . 0 0

Date of Receipt

10 / 24 / 2012

Amount of Each Receipt this Period

1 0 0 0 . 0 0

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

12030970235

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

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

| | | | | | |
|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE | | OF | |
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Friends of Susan Brooks | | Date of Disbursement 10 / 24 / 2012 |
| Mailing Address 9333 N. Meridian St., Suite 230 | | Amount of Each Disbursement this Period 250.00 |
| City Indianapolis | State IN | |
| Purpose of Disbursement Fund-raiser | Candidate Name Susan Brooks | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IN | District: 05 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Purpose of Disbursement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Purpose of Disbursement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

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

12030970236

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
| | FOR LINE 13 OF FORM 3X |

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

LOAN SOURCE Full Name (Last, First, Middle Initial) _____ Election:
 Primary
 General
 Other (specify) ▼ _____

Mailing Address _____

City _____ State _____ ZIP Code _____

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

TERMS

| | | | |
|----------------|----------------|---------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY | MM / DD / YYYY | _____% (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

| | |
|--|--------------------------------------|
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City _____ State _____ ZIP Code _____ | Amount Guaranteed Outstanding: _____ |

| | |
|--|--------------------------------------|
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City _____ State _____ ZIP Code _____ | Amount Guaranteed Outstanding: _____ |

| | |
|--|--------------------------------------|
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City _____ State _____ ZIP Code _____ | Amount Guaranteed Outstanding: _____ |

| | |
|---|-------|
| SUBTOTALS This Period This Page (optional).....▶ | _____ |
| TOTALS This Period (last page in this line only).....▶ | _____ |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030970237

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page _____ of Schedule C

| | |
|--|---|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | FEC IDENTIFICATION NUMBER C00405597 |
|--|---|

| | | |
|---|----------------|--------------------------------|
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan | Interest Rate (APR) _____ % |
|---|----------------|--------------------------------|

| | | |
|---------------------|------------------------------|-----------------------|
| Mailing Address | Date Incurred or Established | _____ / _____ / _____ |
| City State Zip Code | Date Due | _____ / _____ / _____ |

A. Has loan been restructured? No Yes If yes, date originally incurred _____ / _____ / _____

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: _____ / _____ / _____ Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|---|-------------------------------|
| G. COMMITTEE TREASURER Typed Name Signature | DATE _____ / _____ / _____ |
|---|-------------------------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|--|-------------------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | DATE _____ / _____ / _____ |
| Title | |

12030970238

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

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

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

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

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

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

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

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

12030970239

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | FEC IDENTIFICATION NUMBER ▼ C 0 0 4 0 5 5 9 7 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

12030970240

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Mailing Address | Amount |
| City State Zip Code | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Mailing Address | Amount |
| City State Zip Code | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | |

| | |
|---|--|
| (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 concert 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) 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
(2 U.S.C. §441a(d))

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

| | |
|---|------------------------------------|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO | Full Name of Subordinate Committee |
| If YES, name the designating committee: | Mailing Address |
| | City State ZIP Code |

| | | |
|---|--|------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |

| | | |
|---|--|------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |

| | | |
|---|--|------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | MM / DD / YYYY | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |

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

12030970241

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

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):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

12030970242

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

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

Methods of allocation:

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

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|--|---|--|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |

12030970243

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

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

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED | | | |
|-----------------|--|--------------------------|----|------|--|
| | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table> | MM | DD | YYYY | |
| MM | DD | YYYY | | | |

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

12030970244

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

NAME OF COMMITTEE (in Full)

Indiana Chamber Congressional Action Committee

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

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

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

| | | | |
|--|---|------------------|----------------|
| SUBTOTAL of Allocated Federal and NonFederal Activity This Page | | | |
| FEDERAL SHARE | + | NONFEDERAL SHARE | = TOTAL AMOUNT |
| | | | |
| TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) | | | |
| FEDERAL SHARE | | NONFEDERAL SHARE | = TOTAL AMOUNT |
| | | | |

12030970245

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

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

PAGE OF
FOR LINE 18b OF FORM 3X

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

| | | |
|-----------------|-----------------------------------|--------------------------|
| NAME OF ACCOUNT | DATE OF RECEIPT MM / DD / YYYY | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------------------------|--------------------------|

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID
Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV
Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

| | | |
|-----------------|-----------------------------------|--------------------------|
| NAME OF ACCOUNT | DATE OF RECEIPT MM / DD / YYYY | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------------------------|--------------------------|

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID
Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV
Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

12030970246

**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)

12030970247

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

| | | | |
|---|-------|--|------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date |
| Purpose of Disbursement | | Category/Type | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | | |
|---|---|-------------|---|--------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | | |
| FEDERAL SHARE | | LEVIN SHARE | | TOTAL AMOUNT |
| | | | | |
| TOTAL This Period for the Levin Share | | | | |

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

| |
|--|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> |
| NAME OF ACCOUNT |

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|---|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS | | |
| (Add Lines 1c and 2) | | |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| (a) Voter Registration | | |
| (b) Voter ID | | |
| (c) GOTV | | |
| (d) Generic Campaign | | |
| (e) Total | | |
| 5. OTHER DISBURSEMENTS | | |
| 6. TOTAL DISBURSEMENTS | | |
| (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND | | |
| (for Column B, use cash as of January 1st) | | |
| 8. RECEIPTS | | |
| (from Line 3) | | |
| 9. SUBTOTAL | | |
| (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS | | |
| (From Line 6) | | |
| 11. ENDING CASH ON HAND | | |
| (Subtract Line 10 From Line 9) | | |

12030970248

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

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

PAGE OF

FOR LINE NUMBER: 1a 2
(check only one)

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

A.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

B.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

C.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

D.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

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

12030970249

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

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

| | | |
|--------------------------------------|-----------------------------|----------------------------|
| FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input type="checkbox"/> 4a | <input type="checkbox"/> 4c | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 4b | <input type="checkbox"/> 4d | |

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|--|
| |
| |

12030970250

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
12/4/12
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

Am P *12/5/12*
 PREPARER DATE PREPARED

12030970251