				Areforence -	
FEC FORM 3X	AND DIS	OF RECE BURSEME An Authorized Co		TREGENVED FEC MAILCEN 2022 OCT IL PHI	
1. NAME OF	TYPE OR PRINT V	Example	e: If typing, type		se Only
COMMITTEE (in f	'ull)	over the		12FE4M5	
	MBER CONGRESSIO	<u> </u>			
ADDRESS (number and	street)	WASHINGTON :	STREET, SUIT	Ę 850S,	
Check if diffe	.t.,			<u> </u>	
reported. (AC					
2. FEC IDENTIFICA	ATION NUMBER <b>V</b>				
C 0040559	7	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REP (Choose One)	ORT (b) Monthly Report   Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Rep	orts:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly	Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly	(c) 12-Day PRE-EI PRE-EI		hary (12P)	General (12G)	Runoff (12R)
October Quarterly		for the: Con	vention (12C)	Special (12S)	
January : Year-End	31 Report (YE)	Election on			in the State of
July 31 M Report (N Year Only	Von-election y) (MY) POST-I		eral (30G)	Runoff (30R)	Special (30S)
Termination (TER)	on Report	Election on	· · · · · · · · · · · · · · · · · · ·		in the State of
5. Covering Period	07 <sup>#</sup> / 01 <sup>°</sup> /	2022 tr	irough 09	′ 30° ′ 2022	
I certify that I have example	amined this Report and to th	e best of my knowled	ge and belief it is tru	ue, correct and complet	e.
Type or Print Name of	Treasurer Jeff Brantle	у			
Signature of Treasurer	Jell Sr	M	C	Date	2022
NOTE: Submission of fa	alse, erroneous, or incomplete	information may subject	the person signing the	his Report to the penaltic	es of 52 U.S.C. § 30109.
Office Use Only					FORM 3X

	- FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	/rite or Type Committee Name		
F	eport Covering the Period: From:		
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		, 8,586,90
	(b) Cash on Hand at Beginning of Reporting Period	8,561.90	46204
	(c) Total Receipts (from Line 19)	500.00	500.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	500.00	500.00
7.	Total Disbursements (from Line 31)	16.06	41.06
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9,045.84	9,045.84
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0	
C	This committee has qualified as a multic	0 andidate committee. (see FEC FORM 1M)	0
—		For further information contact()	0
		Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	500.00

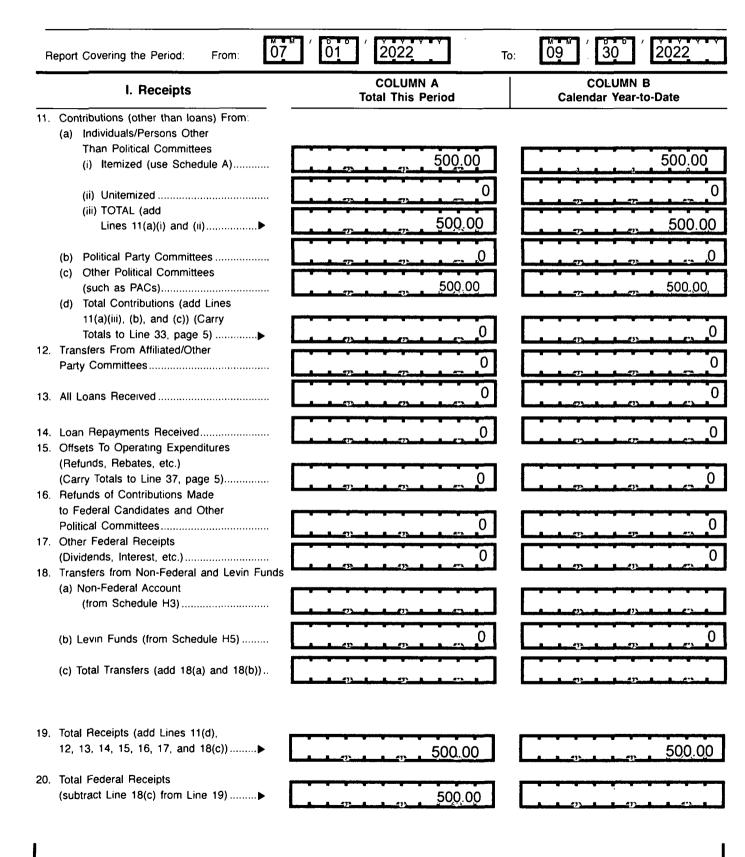
#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name



#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

## **II. Disbursements**

32. Total Federal Disbursements

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

#### COLUMN A **Total This Period**

COLUMN B

## Calendar Year-to-Date

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			Total This Period
21.		arating Expenditures: Allocated Federal/Non-Federal	
	(a)	Activity (from Schedule H4)	la and a surface of the surface of t
		(i) Federal Share	0
			In the set of the set
		(ii) Non-Federal Share	0
	(b)	Other Federal Operating	and and and and and and and have been
	(0)	Expenditures	16.06
	(-)	•	inertereless" and conterns" in clause on Toroto and
	(C)	Total Operating Expenditures	and a second s
	-	(add 21(a)(i), (a)(ii), and (b))►	16.06
22.		nsfers to Affiliated/Other Party	
23		nmittees htributions to	
20.	Fed	eral Candidates/Committees	hand and a standard and and a standard
	and	Other Political Committees	
24.		ependent Expenditures	In the second seco
25	(use	e Schedule E)	
25.	(52	U.S.C. § 30116(d))	Incomparison A survivation and constrained and branches and the second sec
	(use	s Schedule F)	0
			Lanardanian ("sais-diversity for the second second second metal second
26.	Loa	n Repayments Made	0
27.		ns Made	0
28.	Ref	unds of Contributions To: Individuals/Persons Other	Sandan Bran Timber Strandard Strandard
	(a)	Than Political Committees	0
			and and in the stand of the stand of the stand
•	(b)	Political Party Committees	
	(c)	Other Political Committees	Land and restrict on the first and the state of the second
	(0)	(such as PACs)	
•		, ,	and an advantage of a sector sale and a sector sale and the sector sale and
	(d)	Total Contribution Refunds	a series of the
		(add Lines 28(a), (b), and (c))	
			Banga Sanan Sanci ' san dararda ni ' ang Sang Sang Sang Sang Sang Sang Sang
29.		er Disbursements (Including	ann de sed met . A de ser de sed and de sed se sed an de sed
	Nor	-Federal Donations)	0
	_		Terradowellarys 2 annujectof end,2 an engine action interval
30.		eral Election Activity (52 U.S.C. § 30101(	20))
	(a)	Allocated Federal Election Activity	
		(from Schedule H6)	أحسبهم معدامية المسمادي وماري وحشوم ومراجعه
		(i) Federal Share	0
			hand a sector of the sector of
		(ii) "Levin" Share	0
	(b)	Federal Election Activity Paid	International Surfaces ( International Surfaces
		Entirely With Federal Funds	
	(c)	Total Federal Election Activity (add	and and an it is a contain it has been the states
	(0)	Lines 30(a)(i), 30(a)(ii) and 30(b))	
			and and and in the structure ( ) in the structure ( ) in the structure (
31.		al Disbursements (add Lines 21(c), 22,	heredon clores , a shore of a second second second
	23,	24, 25, 26, 27, 28(d), 29 and 30(c))	16.06

16.06

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	41.06
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#### **DETAILED SUMMARY PAGE**

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

## III. Net Contributions/ **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) .....

34. Total Contribution Refunds

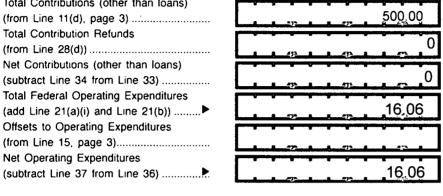
35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

(add Line 21(a)(i) and Line 21(b)) ......▶



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(from Line 15, page 3).....  Calendar Year-to-Date

COLUMN B

Page 5

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 1 OF 1							
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
Indiana Chamber Congres	sional Acti	on Committee								
Full Name of Individual (Last, First, Middle I A. Bill Barrett	Date of Receipt									
Mailing Address 600 N Emerson Ave	600 N Emerson Ave									
City Greenwood	State IN	Zip Code 46143	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	500,00									
Name of Employer (for Individual) Williams, Barrett & Wilkowski, L	Memo Item									
Receipt For: Primary General Other (specify)	Receipt For:     Aggregate Year-to-Date ▼       Primary     ✓ General									
В	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name									
Mailing Address			M M / D D / Y Y Y Y							
City	State	Zip Code								
FEC ID number of contributing federal political committee.	C ·		Amount of Each Receipt this Period							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼								
Full Name of Individual (Last, First, Middle I C.	I Initial) or Full O	rganization Name	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.	C									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)		Year-to-Date V								
SUBTOTAL of Receipts This Page (optional)	1		······································							
TOTAL This Period (last page this line numbe	r only)		· · · · · · · · ·							

### SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: (check only one) Use separate schedule(s) ITEMIZED DISBURSEMENTS

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

			category of the Summary Page		$\square$	21b 28a	22 28b	23	L		26 29	27 30b	I		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\overline{)}$	NAME OF COMMITTEE (In Full)														
Indiana Chamber Congressional Action Committee															
	Full Name (Last, First, Middle Initial)						Data a	f Diabu							
A. J.P. Morgan Chase							Date of Disbursement								
	Mailing Address 1 E. Ohio Street						<sup>°°</sup> 07 <sup>′′′</sup>	J ´ Ľ	29		20	22			
	City Indianapolis	State IN	Zip Code	6204			FEC Id	lentifica	tion	Nur	nber		_		
	Purpose of Disbursement		l				С		•	•					
	Account analysis	charge		00	1			<b></b>	<b>.</b>	-					
	Candidate Name			Cate	ego: ype	ry/	Amoun	t of Ea	ich [	Disbu	ursem	ent this	Period		
	Office Sought: House Disburse	ment For.		1	,				•			5.	00		
	Senate	Primary	General								- )	anan Berenii.			
	State: District:	Other (spec	cify) ▼				Me	emo Ite	m						
	Full Name (Last, First, Middle Initial)	_							<u> </u>						
В.	J.P. Morgan Chase						Date o	f Disbu	irsen	nent					
	Mailing Address 1 E. Ohio Street						08	ŢĹ	31		20	22			
		State	Zip Code	004			FEC Id	lentifica	ation	Nur	nber				
	Indianapolis Purpose of Disbursement	IN	46	204											
	Account analysis char	ae		00	1		С	<b></b>	<b></b>						
	Candidate Name	2		Cate		ry/	Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ment For:		Ty	ype			• •					00		
	Office Sought: House Disburser	Primary	General					<b>1</b>	_			<u> </u>	00		
	President	Other (spec					Пм	emo Ite	~						
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C.	J.P. Morgan Chase						Date o								
	Mailing Address 1 E. Ohio Street								30		20	22			
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	Indianapolis Purpose of Disbursement		4	6204		_			•	•					
Account analysis charge     001       Candidate Name     Category/ Type       Office Sought:     House									-	-		ليجعب			
							Amoun	t of Ea	ch C	Disbu	ursem	ent this	Period		
								<b>1</b> (17)			4) <b>-</b>	6	<u>6</u> 0		
	President	Primary Other (spec													
	State: District:	Other (spec	····y) <b>v</b>				L Me	emo Ite	m						
s	UBTOTAL of Disbursements This Page (optional)					•					<u>-13</u>	16	.60,		
									-	-					

В.

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PAGE

1 OF

1

# SCHEDULE C (FEC Form 3X)

OANS		Use separate scheo for each category o		PAGE 1 OF 1	
		<u> </u>	Detailed Summary		FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In	•				
Indiana Chan	nber Congress	ional Action	Committee		
LOAN SOURCE Full N	ame (Last, First, Mi	ddle Initial)	🗌 Memo I		
					Primary General
Mailing Address					Other (specify) V
City		State	ZIP Code	$\neg -$	
Original Amount of Loar		Cumulative Pay	yment To Date	Balance Or	utstanding at Close of This Period
	a se orden samt	······		1 1 - 1 - 1 - 1 1	e de l' <del>rent frest d</del> er de hiet strene en de
leest ster <b>m</b> enter st	n et el la trez d'e	(	in 1 xrinsenerreretel	line the state	<ul> <li>March 1998 (1999) States of the second s</li></ul>
TERMS Date Incu	urred		ate Due Interest	Bate	Secured:
M M / D D /	Y Y Y	M M / D / D			
	lasterio i		a sector martine de sec	t unter due	% (apr) Yes No
List All Endorsers or G	uarantors (if any) t	o Loan Source			· · · · · · · · · · · · · · · · · · ·
1. Full Name (Last, First	t, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount	<u></u>	······································
			Guaranteed	·	ana azartitti territteritti suuri.
2. Full Name (Last, First	t, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
		710 0 4			
City	State	ZIP Code	Guaranteed		-
3. Full Name (Last, First	t Middle Initial)	1		<u> </u>	- N = 2+3, ¥2 = 2 = 1 + 3, 2 = -
5. Tui Mame (Last, Thist	, mode milay		Name of Employer		
Mailing Address			Occupation		
			p		
City	State	ZIP Code	Amount Guaranteed		
				<u>.</u>	ut ete Marin II et utual
4. Full Name (Last, First	., Middle Initial)		Name of Employer		
Mailing Address					
Walling Address			Occupation		
City	State	ZIP Code	Amount		en e
			Guaranteed		ng No 🚛 to the 🔹 growth
<u> </u>		<u>.                                    </u>			····
SUBTOTALS This Period T	his Page (optional)		•••••••		• • •
<u> </u>			F		<b>5</b>
TOTALS This Period (last p	bage in this line onl	y)	••••••		9
			- Kara Mara Oshad Ia D		
carry outstanding balance	only to LINE 3, SCI	requie D, for this	s ine. It no Schedule D, carry	torward to	appropriate line of Summary.

FEC Schedule C (Form 3X) Rev. 05/2016

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

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SCHEDULE C-1 (FEC Form 3X) Supplementary for								
LO	LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS							
Fede	ral Election Commission, Washington, D.C. 20463		Page 1 of Schedule C					
NAI	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER					
	Indiana Chamber Congressio	nal Action Committee						
	NDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)					
Full	Name		%					
Mai	ling Address		Γωτημα / Γραση / Γνανανανη Ι					
City	State Zip Code	Date Incurred or Established						
	A. Has loan been restructured?	If yes, date originally incurre						
F	B. If line of credit,	Total						
	Amount of this Draw	Outstanding Balance:						
	C. Are other parties secondarily liable for the debt incu No Yes (Endorsers and guarantors	urred? must be reported on Schedule C.	)					
<ul> <li>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?</li> <li>No Yes If yes, specify:</li></ul>								
	E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes	erest income, pledged as , 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 to the loan amount, state the basis upon which this loan	was pledged for this loan, or if the an was made and the basis on w	amount pledged does not equal or exceed hich it assures repayment.					
F	G. COMMITTEE TREASURER Typed Name		DATE					
Ľ	H. Attach a signed copy of the loan agreement.							
	<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:         <ol> <li>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.</li> <li>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.</li> <li>This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has</li> </ol> </li> </ol>							
	complied with the requirements set forth at 11 HORIZED REPRESENTATIVE	CFR 100.82 and 100.142 in mak	ing this loan.					
	bed Name							
Sig	nature	Title	│ <b>└╾┘└╾┘└</b> ╾╾┙│					

FEC Schedule C-1 (Form 3X) Rev. 05/2016

SCHEDULE D (FEC Form 3X)       (Use scheduling Loans         (Use scheduling Loans       (Use scheduling Loans)				PAGE 1 OF 1 FOR LINE NUMBER: (check only one) 9 10
IAME OF COMMITTEE (In Full) Indiana Chamber Congress	ional Act	ion Committee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
				ng Balance at Close of This Peri
		n ungsan sar		99. (9. 1997) (1997) (1997) (1997) (1997) 
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Amount Incurred This Period				ng Balance at Close of This Per
C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address	or Creditor		Nature of D	Debt (Purpose):
City	State	Zip Code		
Outstanding Balance Beginning This Period	Pa	•	Outstandi	ng Balance at Close of This Per
) SUBTOTALS This Period This Page (optional)				•
TOTALS This Period (last page this line number	only)		······································	, 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
TOTAL OUTSTANDING LOANS from Schedule C				
) ADD 2) and 3) and carry forward to appropriate I	y) ►	, ,		

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## SCHEDULE E (FEC Form 3X)

EMIZED INDEPENDENT EXPENDITURE	5		PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
JAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Ac	tion Comm	nittee	С
	<u> </u>		
Check If 24-hour report 48-hour report	New r	eport Amends report	filed on
Full Name of Payee		Memo It	tem Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure	I	Category/	Date of Disbursement or Obligation
		Туре	
Name of Federal Candidate:		Support	Office Sought. House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General
	<b></b>		Other (specify)
Full Name of Payee		Memo It	Date of Public Distribution/Dissemination
Mailing Address			
			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate:			
		Support Oppose	Office Sought: House District:
Calendar Year-To-Date			President Senate State: Disbursement For: Primary General
Per Election for Office Sought			☐ Other (specify) ►
<u>, , , , , , , , , , , , , , , , , , , </u>		I	
(a) SUBTOTAL of Itemized Independent Expenditure	es		
			· · · · · · · · · · · · · · · · · · ·
(a) SUBTOTAL of Unitemized Independent Expendi	tures	· · · ·	
(a) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indepen			
with, or at the request or suggestion of, any candi- party committee) any political party committee or i		ed committee or agent of	either, or (if the reporting entity is not a political
		Date	
Signature			

FEC Schedule E (Form 3X) Rev. 0/2016

i

### 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

	(То	be use	d only	by P	olitical Com	mittees in the Gene	eral Election		INE 25	OF FORM 3X
NA	ME OF COMMITTEE (In Full)									
	Indiana Chamber Congressio		Actio							
	s your committee been designated to ma ordinated expenditures by a political party		ittee?	Full	Name of Sub	ordinate Committee				
lf N	YES, name the designating committee:			Mailir	ng Address					
				City	··· -			State		Code
Full Name (Last, First, Middle Initial) of Each Payee						Purpose of	Expenditure		Category/	
	Mailing Address						Date			Туре
	City		State		Zip Code				1	
	Name of Federal Candidate Supported		Sough		House Senate Presidential		Amount	a uyen () nye	· 7:	
	Aggregate General Election				· · · · · · · · · · ·	• • •	1 H H		rVlur It.	under effensionen under
	Full Name (Last, First, Middle Initial) of	Each F	ayee			🗌 Memo Item	Purpose of	Expenditure		Category/
	Mailing Address					· · · · · · · · · · · · · · · · · · ·	ĺ			Type
	City		State		Zip Code			/ 0 0 /		
	Name of Federal Candidate Supported		Sough		House Senate Presidential		Amount	•		· ·· · ·
	Aggregate General Election Expenditure for this Candidate				••••	•	n et en t	202 <b>9</b> 10-20170	<b>,</b> .	⊺a 2 <b>.*</b> a
	Full Name (Last, First, Middle Initial) of	Each F	ayee			🗌 Memo Item	Purpose of	Expenditure		Category/
	Mailing Address						Date			Туре
City State Zip Code							/ D D /	Ŷ	Y . Y . Y	
	Name of Federal Candidate Supported	Office	Sough	nt:	House Senate Presidential	State: District:	Amount	· · · · · ·	· . · ·	
	Aggregate General Election Expenditure for this Candidate ►		۲۶۰	• <del>•</del>	, .	•		. ;	<b>y</b>	Lin Line di B
S	UBTOTAL of Expenditures This Page (op	tional)				•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·		· · ·	
т	OTAL This Period (last page this line num	nber on	ly)			<b>&gt;</b>	·		,	

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FEC Schedule F (Form 3X) Rev. 05/2016

PAGE

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OF

1

### 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

Indicate ratio	below
----------------	-------

	Federal				%		
	Nonfederal				%		
This ration	o applies to (c	heck all that apply):					
Administ	rative	Generic Voter Drive	Public C	ommunications	Referencing	Party Only	
	_		Public C	ommunications	Referencing	Party Only	Ľ

## SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE 1 OF 1
NAME OF COMMITTEE (In Full) Indiana Chamber Congressi	onal Action Committe	ee
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	<u></u>
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pro	portion 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 comm federal and nonfederal candidates, regardless of whether there is a r are allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NAT 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	%
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	**************************************	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		······································
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	NON EDENAL %

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

AGE	1	UF	1	
<b>.</b>		_		

		FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Cong	pressional Action Committee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		······
iv) Direct Fundraising (List Activity or Eve	ent (dentifier)	
a)		•••]
·····	I	·····
<b>b</b> )		
b)		····
c) Total Amount Transferred For Direct I	Fundraising	
v) Direct Candidate Support (List Activity	or Event Identifier)	
a)		
	l	
b)		
a) Total Amount Transformed For Direct	Candidate Support	
c) lotal Amount Transferred For Direct o	Candidate Support	······
vi) Public Communications Referring On	ly to Party (Made by PAC)	
ΤΟΤΑ	LS FOR BREAKDOWN OF TRANSFER R	ECEIVED
TOTAL THE Desired (Ad. 1919) IS		<u> </u>
TOTAL This Period (Administrative)	·····	
TOTAL This Period (Generic Voter Drive)		<u> </u>
	L-+	······································
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support).		
• • • • • • • • • • • • • • • • • • •		
TOTAL This Period (Public Communications Ref	ferring Only to Party)	
TOTAL This Davied (Total Amount Transformed)		
TOTAL This Period (Total Amount Transferred)		

FEC Schedule H3 (Form 3X) Rev. 05/2016

## SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

	J				
<b>A</b> .	Full Name (Last, First, Middle Initial)	Memo Item	Allocated Activity or Event:		
	Mailing Address			Administrative Fundraising Exempt	
		1			Univer Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1	1	1	Allocated Activity or Event Year-To-Date
	Anticipa of Francis Interaction				er underer de ano?) en ménuer 2 mart 1 mart avec de mart Lana de mart
	Activity or Event Identifier:			Category/	LINE A. C. LO. LO. LO. L.
	·			Туре	Date
	FEDERAL SHARE	+ No	ONFEDERAL	. SHARE	
_					
<b>В</b> . ·	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	-				Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				Londow land's medantine " and and in stand
	· ,		Category/ Type		
	FEDERAL SHARE	+ N	ONFEDERAL	SHARE	= TOTAL AMOUNT
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<b>C</b> .	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				warding the start of the start of the start
	Activity or Event Identifier:				have been for an Tomal configure ? we have the sector of
				Category/ Type	Date
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SI	JBTOTAL of Allocated Federal and NonFederal	Activity This Pa	ge		
	FEDERAL SHARE	+ NC	NFEDERAL	SHARE	
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тс	OTAL This Period (last page for each line only)(F				are to 21(a)(ii))
	FEDERAL SHARE	NC	NFEDERAL		TOTAL AMOUNT
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## SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY'

be used by State, District and L	Local Party Committees Only)	PAGE 1 OF 1 FOR LINE 18b OF FORM
ME OF COMMITTEE (In Full) Indiana Chamber Co	ngressional Action Committee	··· • • • • • • • • • • • • • • • • • •
NAME OF ACCOUNT		
BREAKDOWN OF THIS TRANSFER	···· • · · · · · · · · · · · · · · · ·	
i) Voter Registration	VOTER R	EGISTRATION
Total Amount Transferred for	Voter Registration	
		VOTER ID
ii) Voter ID Total Amount Transferred for	Voter ID	
iii) GOTV		GOTV
Total Amount Transferred for	GOTV	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity	
		handenster Trankenster Dankenster Trankenst
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER R	EGISTRATION
Total Amount Transferred for	Voter Registration	······
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	
	L. L. L.	
iii) GOTV	F	GOTV
Total Amount Transferred for	GOTV	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
· · · · ·	Generic Campaign Activity	
TOTALS FO	R BREAKDOWN OF TRANSFER RECEIV	/ED (Last Page Only)
TOTAL This Period (Voter Registrati	on)	·····
	Kandow	
TOTAL This Period (Voter ID)		
	<u></u>	<u>}, , , , , , , , , , , , , , , , , , , </u>
TOTAL This Period (GOTV)		A A COLLAR A COLLAR AND A SUB-
TOTAL This Period (GOTV)		
	ian Activity)	[ ]
	ign Activity)	·····
TOTAL This Period (Generic Campa	ign Activity)	

FEC Schedule H5 (Form 3X) Rev. 05/2016

R ALLOCATED FEE		ND LEVIN F			PAGE 1 OF 1
be used by State, Dist	trict and Local	Party Committe	ees Only)		FOR LINE 30a OF FORM
ME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·				1
India	na Chamber C	Congressional	Action Commi	ttee	
A. Full Name (Last, First, Mide	dle Initial) / Full Org	anization Name	Memo Item	Type of Allocated Voter Registr	•
Mailing Address	· · · · · · · · · · · · · · · · · · ·	- 		Allocated Acti	vity or Event Year-To-Date
City	State	Zip Code		-	ahaanahaan 755 maraharan di san C.C. madaana
Purpose of Disbursement	<u> </u>		Category/	Date	
FEDERAL SHA	ARE +	LEVIN	Type SHARE	=	
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B. Full Name (Last, First, Mide	dle Initial) / Full Org	anization Name	🗌 Memo Item	Type of Allocated Voter Registr	•
Mailing Address	·			Allocated Acti	vity or Event Year-To-Date
City	State	Zip Code		hermiteerbeist Piere	d na nô mai 7 ions le coulte - nú Lionaltana
Purpose of Disbursement		<b>I</b>	Category/	Date	
			Туре		
FEDERAL SHA	RE +	LEVIN	I SHARE	=	TOTAL AMOUNT
FEDERAL SHA		LEVIN			analansa barat yanan di sa siyan dan dan dan dan dan dan dan dan dan d
FEDERAL SHA	hongana ganagana An <u>adana tinakana</u>	weng magane j murjanag mani pangana janaganag		Type of Allocated Voter Registr Voter ID	Activity or Event: ation
ار در بین از ایرین ایر است. ار می ایران ایر ایران ایران ایرا	hongana ganagana An <u>adana tinakana</u>	weng magane j murjanag mani pangana janaganag	I SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date
C. Full Name (Last, First, Mide	hongana ganagana An <u>adana tinakana</u>	weng magane j murjanag mani pangana janaganag	I SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date
C. Full Name (Last, First, Mide Mailing Address	dle Initial) / Full Org	anization Name	N SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date State () State State State / D T D / V V V V V V
C. Full Name (Last, First, Mide Mailing Address City	dle Initial) / Full Org	anization Name	N SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA	dle Initial) / Full Org	anization Name	A SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date COTO / COTO / COTO TOTAL AMOUNT
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA	dle Initial) / Full Org	Zip Code	A SHARE	Type of Allocated Voter Registr Voter ID Allocated Acti	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date COTO / COTO / COTO TOTAL AMOUNT
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA BTOTAL of Shared Federal an FEDERAL SHA	dle Initial) / Full Org	Zip Code	N SHARE	Type of Allocated Voter Registr Voter ID Allocated Actin Date	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date 
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA BTOTAL of Shared Federal an FEDERAL SHA	dle Initial) / Full Org	Zip Code	A SHARE	Type of Allocated Voter Registr Voter ID Allocated Active Date	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date Generic Camp Vity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA BTOTAL of Shared Federal an FEDERAL SHA	dle Initial) / Full Org State RE + du Levin Activity This RE + each line only)(Fed	Zip Code	A SHARE	Type of Allocated Voter Registr Voter ID Allocated Actin Date	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date COTD / COTODATE TOTAL AMOUNT
C. Full Name (Last, First, Mide Mailing Address City Purpose of Disbursement FEDERAL SHA BTOTAL of Shared Federal an FEDERAL SHA	dle Initial) / Full Org	Zip Code	A SHARE	Type of Allocated Voter Registr Voter ID Allocated Actin Date	Activity or Event: ation GOTV Generic Camp vity or Event Year-To-Date Generic Camp Vity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT

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FEC Schedule H6 (Form 3X) Rev. 05/2016

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

NAM	NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee								
NAM	NAME OF ACCOUNT								
L		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.									
3. 	TOTAL RECEIPTS								
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)								
	(a) Voter Registration								
	(b) Voter ID								
	(c) GOTV								
	(d) Generic Campaign								
5.	OTHER DISBURSEMENTS								
6.	TOTAL DISBURSEMENTS (Add Lines 40 and 5)								
7.	BEGINNING CASH ON HAND (for Column B. use cash as of January 1st)								
8.	RECEIPTS (from Line 3)								
9.	SUBTOTAL								
10.	DISBURSEMENTS (From Line 6)								
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)								

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

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

FOR LINE NUMBER: (check only one)

PAGE

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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	i committee.

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NAME OF COMMITTE	E (In Full)
------------------	-------------

#### Indiana Chamber Congressional Action Committee

<u> </u>						
Α.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt				
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Aggregate Year-to-Date				
	Occupation (for Individual)	ο το				
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt				
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Aggregate Year-to-Date				
	Occupation (for Individual)	1997) 1997) 1910 - Stan Stand Sta				
	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt				
C.						
	Mailing Address					
	City	State Zip Code				
	Name of Employer (for Individual)	Aggregate Year-to-Date				
	Occupation (for Individual)					
	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt				
D.		М М / D D / Y Y Y Y Y Y				
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	en en en son yn eerste en op eerste een op eerste en op eerste en op eerste eerste eerste eerste eerste eerste				
	Occupation (for Individual)	Aggregate Year-to-Date				
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s	UBTOTAL of Receipts This Page (optional)			••••••••••••••••••••••••••••••••••••••		
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NON		<ul> <li>Express Package Service</li> <li>FedEx Philithy Overinght</li> <li>FedEx Philithy Overinght</li> <li>Express Package Service</li> <li>Expensional Mechanics</li> <li>Events Assumption</li> <li>Events Assumption</li> <li>Second statest dry. Thurdry oversist Struttory Outwork</li> </ul>	4b Express Freight Service the Express Freight Service Region of the service the service of the service the service of the service the service of the service the service of the service of the service the service of the servi		Special Handling SaTuRDAY Delivery Anatomata In And Red Sunday Otomaga, Hada Red Somaga, Adda, Express Some, or Adda 2019, Freque, Some or Adda 2019, Freque, Some or Adda 2019, Freque,	No         Yes         Oral bas marite to cheated.         Yes           No         Yes         Yes         Shoper to betaretion.         Photomatication.           Dargenus goodi (notation yo sel served to propertion (notation of the propertion.         Peayment Bill/to:         Enter for the short of the notation.		10. utability té méteo de Statu de La Constantin de La Co	No Signature Required Economic Someon in receiver Return proversion and a someon for websuckading a deformy for a sports separator backading a			11, 11 11 11 11 11 11 11 11 11 11 11 11	in /
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FedEx	Shipping Date
Next Busines	s 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
Date of R Other (Specify):	eceipt or Postmarked
PREPARER (3/2015)	10/17/22 DATE PREPARED

2022-10-17-08-00320285

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