**FEC** FORM 3X

Only

FE6AN026

## **REPORT OF RECEIPTS**

For Other Than An Authorized Committee

RECEIVED

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FEC MAIL CENTER

Office Use Only

Rev. 12/2004

	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	1ŽFĔ4M5	· · · · · · · · · · · · · · · · · · ·	
	IDLANA CI	tamber (	CONCER	essi	DNAL	AG	TION	
C	MMITTEE							
ADD	RESS (number and street)	IIIE W. W	IASHIN	IGTON	LSTR	EST,	SULLE	8505
	Check if different						1111	
	than previously reported. (ACC)	LIN DI AN	A POLIS	5	الب		46204	لىسا-
2.	FEC IDENTIFICATION N	IUMBER ▼	CITY A		S	TATE A	ZIP CO	DE A
	C004055	37	3. IS THIS REPORT	W # 11 #	NEW N) OR	(A)	ENDED	
	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reparts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep :	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
			Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (	(C) 12-Day		Primary (12P	r)	General (	(12G)	Runoff (12R)
	July 15 Quarterly Report ( October 15	(Q2) PRE-Elect Report for		Convention (	12C)	Special (1	12S)	
	Quarterly Report ( January 31		Election on	<u> </u>	ا، الممعا	*****	in the	
	Year-End Report (	(d) 30-Day					olate (	" [[]
	Report (Non-electi Year Only) (MY)	POST-Elec		General (300	3)	Runoff (3	0R)	Special (30S)
	Termination Report (TER)	t	Election on	<b>Ti</b> '	<u>62</u> ′	2010	in the State of	MI to
5.	Covering Period	5 14 2	<u>OIO</u>	through		· <b>22</b> ′	2010	
I cer	tify that I have examined	this Report and to the t	est of my kine	wledge and I	belief it is tau	ei correct and	complete.	
Туре	or Print Name of Treasur	er <u>Davia I</u>	3ame	<del> </del>	<del></del>		<del></del>	
Sign	ature of Treasurer	Darla	Ban	ett	Da	ate 7	· [29]	2010
NOT	E: Submission of false, arro	neous, or incomplete info	ormation may s	ubject the per	son signing thi	is Report to th	ne penalties of 2	U.S.C. §437g.
:	Office Use			· · · · · ·		-	FEC FOR	RM 3X

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write	or	Type	Committee	Name
AAIICO	v	IVDO	COMMITTEE	IACHIE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>3.</b>	(a) Cash on Hand January 1,		156.1
	(b) Cash on Hand at Beginning of Reporting Period	6,656.74	
	(c) Total Receipts (from Line 19)	2,500-00	3,000.0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,156.74	9,156.7
·.	Total Disbursements (from Line 31)	8,290.84	8,290.8
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	865.90	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<b>\$</b>	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<b>———</b>	
	This committee has qualified as a multion	andidate committee. (see FEC FORM 1M)	

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

FE6AN026

10030501289

#### FEC Form 3X (Rev. 06/2004)

#### **DETAILED SUMMARY PAGE** of Receipts

Page 3

Write or Type Committee Name

IN	<u>cliana Chamber (</u>	Congressional ACTION	n Committee
Repoi	t Covering the Period: From:	0 14 2010 To	2010
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Co (a)			
	Than Political Committees  (i) Itemized (use Schedule A)	<u></u>	2,000.00
	(ii) Uniternized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	1,500.00	2,000-00
(b)	Political Party Committees		
(¢)	Other Political Committees (such as PACs)	1.000.00	00.000
(d)	Total Contributions (add Lines		<b>J</b>
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	2,500.00	3,000.00
	insfers From Affiliated/Other	M	
n-	-t. CiH	11	11

	Hardon From Minara Cono.	
	Party Committees	
	•	
13.	All Loans Received	L
4.4	Lean Denormante Bessived	
	Loan Repayments Received	L
15.	Offsets To Operating Expenditures	
	(Refunds, Rebates, etc.)	
	(O Totale to Line OT mans 5)	

	(Holands, Hobatos, Oto.)						
	(Carry Totals to Line 37, page 5)						
16.	Refunds of Contributions Made						
	to Federal Candidates and Other						
	Political Committees						

	to i ottoral california and other
	Political Committees
17.	Other Federal Receipts
	(Dividends Interest etc.)

18.	Transfers from Non-Federal and Levin Funds
	(a) Non-Federal Account
	(from Schedule H3)

(b)	Levin	Funds	(fron:	Schedule	H5)	

(c	) Total	Transfers	(add	18(a)	and	18(b))
,-	,		,	( /		- 1 - 77

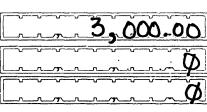
19.	Total Receipts (add Lines 11(d),
	12, 13, 14, 15, 16, 17, and 18(c))▶

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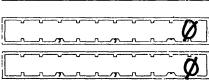
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#### **DETAILED SUMMARY PAGE**

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	Ø	Ø
	(i) I cuera chae		
	(ii) Non-Federal Share	$\varnothing$	
	(b) Other Federal Operating		
	Expenditures	O	0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	1,500,00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
24.	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		
26.	Loan Repayments Made		Linnary Q
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		Landara Andria V
	•		
	(b) Political Party Committees		L
	(c) Other Political Committees		
	(such as PACs)		. Lannana Q
			•
	(d) Total Contribution Refunds	CA CA	$\alpha$
	(add Lines 28(a), (b), and (c))▶		
00	Other Dishuraments	JON 94	70001
29.	Other Disbursements	Land 1000	Lannanti 1.0.0T
20	Federal Election Activity (2 U.S.C. §431(20))	·	
JU.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	d	
	(i) i odorał onaro		
	(ii) "Levin" Share	Ø	<b>Ø</b>
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		Ö
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	a	Ø
31.	Total Disbursements (add Lines 21(c), 22,		<u></u>
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2 190 81	8 19n R1
	-,,,,,,,		Lange Control Control
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2790.84	8 191 84
			•

#### **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)	2,500.00	3,000,00
34. Total Contribution Refunds (from Line 28(d))	$\phi$	Ø
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,500,00	3,000,00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	$\phi$	8
37. Offsets to Operating Expenditures (frem Line 15, page 3)		Ø
38. Net Operating Expenditures (subtract Line 37 from Line 36)	Ø	Ø

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COUEDINE A /EEC Form 2V)			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF 2 (check only one)
HEMIZED RECEIF 13		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Indiana Chambor (	Conque	ssional Action	Committee
Full Name (Last, First, Middle Initial)  A. Danielson D.C.			Date of Receipt
Mailing Address 727 Lcland Street	*		10 15 2010
New Castle	State	Zip Code 4-13-62	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			500.00
Name of Employer	Occupation	_	7
City Securities Corp.  Receipt For:	Aggregate	Chairman Year-to-Date ▼	+
Primary General Other (specify) ▼	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Office (specify)	<u> </u>	, 500.00	
Full Name (Last, First, Middle Initial)  B. Fevauson, Stopha	n.L.		Date of Receipt
Mailing Address PO BOX 1608			16 22 2010
City	State	Zip Code	
100minaton	IN	47402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		4-14-02	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer			¬
FEC ID number of contributing federal political committee.  Name of Employer	Occupation Ch2		¬
FEC ID number of contributing federal political committee.  Name of Employer  CDC  Receipt For:	Occupation Ch2 Aggregate	ikman Year-to-Date ▼	¬
FEC ID number of contributing federal political committee.  Name of Employer  CODE  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Ch2 Aggregate	ikman Year-to-Dale ▼	500.00
FEC ID number of contributing federal political committee.  Name of Employer  COC STATE OF THE Primary General Other (specify) To State Of	Occupation Ch2 Aggregate	ikman Year-to-Dale ▼	¬
FEC ID number of contributing federal political committee.  Name of Employer  COOK  Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Initial)  C. DIAKLEY, JOHN Mailing Address	Occupation Cha Aggregate	ikman Year-to-Date V 1500 00	500.00
FEC ID number of contributing federal political committee.  Name of Employer  CDC  Receipt For:  Primary Other (specify) Full Name (Last, First, Middle Initial)  C. Dakley Mailing Address	Occupation Cha Aggregate	ikman Year-to-Date V	500.00
FEC ID number of contributing federal political committee.  Name of Employer  COOK  Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Initial)  C. DIAKLEY, JOHN Mailing Address	Occupation Cha Aggregate State	ikman Year-to-Dale V  A Dive Zip Code	Date of Receipt (2010)
FEC ID number of contributing federal political committee.  Name of Employer  COOK  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  C. Blakley  Mailing Address  LO905  Three Hun  City  FEC ID number of contributing federal political committee.  Name of Employer	Occupation Cha Aggregate Aggregate State	irman Year-to-Date ▼  A 500 400  Vard Drive Zip Code 44037	Date of Receipt    Date of Receipt   2010    Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  COOK  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  C. Blaker, John Mailing Address  City  FISHERS  FEC ID number of contributing federal political committee.	Occupation Cha Aggregate State IN Occupation Pres	ikman Year-to-Date V  Year-to-Date V  Yard Drive Zip Code 4uD37  ident 3: CED	Date of Receipt    Date of Receipt   2010    Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  CDOK  Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Initial)  C. Dlakley Mailing Address  LO905 Trivee Hur  City FEC ID number of contributing federal political committee.  Name of Employer  Blakley Corporation  Receipt For:  Primary  General	Occupation Cha Aggregate State IN Occupation Pres	ikman Year-to-Dale V  Year-to-Dale V  Year-to-Dale V  Year-to-Dale V  Year-to-Dale V	Date of Receipt    Date of Receipt   2010    Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  COOK	Occupation Cha Aggregate State IN Occupation Pres	ikman Year-to-Date V  Year-to-Date V  Yard Drive Zip Code 4uD37  ident 3: CED	Date of Receipt    Date of Receipt   2010    Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  CDOK  Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Initial)  C. Dlakley Mailing Address  LO905 Trivee Hur  City FEC ID number of contributing federal political committee.  Name of Employer  Blakley Corporation  Receipt For:  Primary  General	Occupation Characteristics Aggregate Characteristics Aggregate Aggregate	Year-to-Date V  Year-to-Date V  Year-to-Date V  Year-to-Date V  Year-to-Date V	Date of Receipt    Date of Receipt   2010    Amount of Each Receipt this Period

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

SCI	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 7
	MIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Surnmary Page	11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	Indiana Chamber	Cona	vessional Acti	on Committee
A.	Full Name (Last, First, Middle Initial)  Red Gold, Inc. PAC	_		Date of Receipt
-	Mailing Address PD BOV 83			767 / 751 / 2016
ō	City C	State	Zip Code	
~	<u>CIMOOD</u>	IN	46036	Amount of Each Receipt this Period
fe	FEC ID number of contributing ederal political committee.	C		500.00
7	Name of Employer	Occupation	1	7
Ē	Ked Gold, Inc.	Aggregate	Year-te-Date ▼	-
	Primary General	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EW 00	
	Other (specify) 🔻	L-r-r	7-1-7 DW.00	<del>!</del>
	Full Name (Last, First, Middle Initial)  Brilient, LLC			Date of Receipt
٨	Mailing Address Holf West Jeffer	son B	mil mard	16 / 15 / 2616
7	City	State	Zip Code	
-	FOW WAYNE	· M	46004	Amount of Each Receipt this Period
f	FEC ID number of contributing ederal political committee.	C		500.00
_	Bulient, L.C. Receipt For.	Occupation		
•	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		<u>00.00d</u>	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address		·	Page of Hereibi
7	Dity	State	Zip Code	
_				Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	$\mathbb{C}$		
ĸ	Name of Employer	Occupation	<u> </u>	
Ē	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary ☐ General Other (specify) ▼		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	]
	Ciliar (shacily)	<u> </u>	<u></u>	J
	IDTOTAL of Descine The Description			00.000.00
SU	IBTOTAL of Receipts This Page (optional)			

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

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE OF 4
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b		24 25 26
	Detailed Summary Page	27		28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used to and address of any politica	d by any perso I committee to	n for the purpose of sol solicit contributions from	citing contributions such committee.
NAME OF COMMITTEE (in Full)				
/ Indiana Chamber Co	inavessional A	action	Committee	
Full Name (Last, First, Middle Initial)  A.	3		Date of Disbursement	
Dan Coats for Indiana	<b>.</b>			877
Mailing Address PO BOX 301141				2010
Indianapolis IN	State Zip Code . 44.230			
Purpose of Disbursement	70250		A construction of the color to the	and the second second
Candidate Name		Category/	Amount of Each Disb	Jrsement this Period
Dan Coats Office Sought: House Disbursen	eent For:	Туре		<u>,500.00</u>
Senate	Primary General			
State:   President	Other (specify) ▼	1		
Full Name (Last, First, Middle Initial)				
B. Todd Young for Con	oress		Date of Disbursement	
Mailing Address PO POX 1053			D LB	201 D
City	State Zip Code		<del></del>	
Purpose of Disbursemen	J 47402		•	
Contribution Candidate Name	{ ·	011	Amount of Each Disb	ursement this Period
Told Christopher Youn	q	Category/ Type		2000.00
	nelit For: Primary General			
State: N District: 9	Other (specify)			
Full Name (Last, First, Middle Initial)	<del></del>			<del></del>
c. Bucshon for Congress (	Committee		Date of Disbursement	
Mailing Address	2011111100		10 18	2010
City	State Zip Code			
Newburch Purpose of Disbursement	1 47629			
Contribution Candidate Name		011	Amount of Each Disb	ursement this Period
Dr. Larry Bucshon		Category/ Type		3000.00
Office Sought: House Disburser Senate	nent For: Primary			
State: N District: 8	Other (specify)			

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

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

CCHEDINE B /EEC Form 2V)			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
TIEMIZED DISBORSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26
Any information copied from such Reports and Staten	nents may not be sold or use	27	28a 28b 28c 29 30b
or far commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ Indiana Chamber Con	navessiona) !	Action	Committee
Full Name (Last, First, Middle Initial)	J •		Date of Disbursement
A. Walovski for Congre	ess, Inc.		
Mailing Address DD BOY 954			10 18 2015
<u> </u>	State Zip Code	• • • • • • •	
Mishawaka IN	1 46546		
Contribution		DIJ	Amount of Each Disbursement this Period
Candidate Name	ovski	Category/ Type	1,000,000
Office Sought: Whouse Disbursen	nent For:	туре	
	Primary General	1	
State: N District: 2	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Hoosiers for Rokit	a ·		Date of Disbursement
Mailing Address			10 18 2010
City	State Zip Code		
Purpose of Disbursement	<u>46123</u>		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1-000 .000
Theodox Edward Rokil Office Sought: Thouse Disburser	nent For:	Туре	
Senate President	Primary General		
State: N District: 4	Other (specify)	•	
Full Name (Last, First, Middle Initial)			Data of Dishumana
c. Stutzman Fox Com	less.		Date of Disbursement
Mailing Address			10 18 2010
	State Zip Code		
Howe IN Purpose of Disbursement	46746		
Contribution		OII	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Mayin A. Stutzman Office Sought: Disburser	ment For:	i ype	
Senate President	Other (specify)		
State: IN District: 3	Caron (opacity)		
SUBTOTAL of Disbursements This Page (optional)			2,500,00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check for each category of the Detailed Summary Page	INE NUMBER: PAGE 3 OF 4- only one) 21b 22 23 24 25 26
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by any	
NAME OF COMMITTEE (In Full)  Indiana Chamber G	onaressional Act	ion Committee
Full Name (Last, First, Middle Initial)  A. Mike Pence Commit	<b>3</b>	Date of Disbursement
Mailing Address 408	State Zip Code	10 18 2010
	N 44015	Amount of Each Disbursement this Period
Candidate Name  Mike Rence	Category Type	
	nent For: Primary General Other (specify)	
B. Dan Button for Cono	vess Committee	Date of Disbursement

Office Sought: House Disbursement For:  Senate President Other (specification)  State: N District:	General (
Full Name (Last, First, Middle Initial)  B.  Dan Buyon For Congress (Mailing Address PO BOX 50593	Date of Disbursement  Date of Disbursement  Date of Disbursement
Purpose of Disbursement  Contribution  Candidate Name  Danny L. Buyon  Office Sought: House Disbursement For:  Senate President Other (specification)  State: District: 5	Amount of Each Disbursement this Period  Category/ Type  Canada Category/ Type  Category/ Type
Full Name (Last, First, Middle Initial)  C.  Mailing Address	Date of Disbursement
City State  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary President Other (specif	Amount of Each Disbursement this Period  Category/ Type  General  Y)   Category/ Type
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this tine number only)	

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#### SCHEDULE B (FEC Form 3X) FOR LINE NUMBER Use separate schedule(s)

FOR LINE NUMBER:						PA	GE A	•	F Z	E	
(chec	k only	one)	)								•
	21b		22		23		24		25		26
-	27	H	28a	Т	28b	┝	28c		29	Н	30t

TEMIZED DISBONSEMENTS	for each category of the Detailed Summary Puge	21b 27	22 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	by any persor committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)			<del></del>		
/ Indiana Chamber Co	ngressional	Action	Committee		
Full Name (Last, First, Middle Initial)  A.	11		Date of Disbursement		
The Skyline Gub-Ir	ralanapolis		11 18 2016		
One American Square					
- 17	tate Zip Code 46282				
Fundiaisa for ICCAC		003	Amount of Each Disbursement this Period		
Candidate Name	7	Category/ Type	790.84		
Office Sought: House Disbursen		-77-			
L I L	Primary General Other (specify)				
State: District:		tordonas	<u> </u>		
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement		
<u> </u>	<u> </u>		السمها ، [معمما ، [معمما		
Mailing Address					
City	tate Zip Code				
Purpose of Disbursement	Tr		Amount of Fook Dickers and the D. C.		
Candidate Name	Category/	Amount of Each Disbursement this Period			
OM: - Courts		Type	L. m.		
Office Sought: House Disbursen Senate	nent For:  Primary General				
State: President State:	Other (specify)				
Full Name (Last, First, Middle Initial)	<del></del>				
C.			Date of Disbursement		
Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
City	State Zip Code				
Purpose of Disbursement	Ti				
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought:   House   Disbursen	pent For:	Type			
_	Primary General				
President State: District:	Other (specify) ▼				
			10 1 21		
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)	8,290.84				

### 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 **Detailed Summary Page** NAME OF COMMITTEE (In Full) ction hamber Conquessional LOAN SOURCE Full Name (Last, First, Middle Inftial) Primary General Mailing Address Other (specify) State ZIP Code City Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan TERMS Interest Rate Secured: Date Incurred Date Due TMT\_UTM % (apr) Yes No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carr	y forward to appropriate line of Summary
TOTALS This Period (last page in this line only)	
SUBTOTALS This Period This Page (optional)	

State

ZIP Code

Amount Guaranteed

Outstanding:

City

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

Supplementary for Information found on Page of Schedule

Federal Election Commission, Washington, D.C. 20463		Page _	of Schedule C		
NAME OF COMMITTEE (In Full)		FEC IDENTIFI	CATION NUMBER		
Indiana Chamber		C 004	1507		
Congressional Action (	Committee	<u>C UUAC</u>	しつうても		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interes	st Rate (APR)		
Full Name			-V-V-		
· ·			%		
Mailing Address		[M-CM-] / [6-C6-]	\ [\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
_	Date Incurred or Established				
City State Zip Code	Date Due	ر مروا ، السروا	1 4141414		
State Zip Code	Date Due		L		
A. Has loan been restructured? No Yes	If yes, date originally incurre		/ ****		
B. If line of credit,	Total				
Amount of this Draw:	Outstanding Balance:				
C. Are other parties secondarily liable for the debt inc	urred?	<del></del>			
No Yes (Endorsers and guarantors	must be reported on Schedule C.				
D. Are any of the following pledged as collateral for the property, goods, negotieble instruments, certificates stocks, accounts receivable, cash on deposit, or of the property of the pro	of deposit, chattel papers,	What is the value of the			
No Yes If yes, specify:	TOT GITTING TRACTION OF CHIEFLONG.				
		Does the lender have	a perfected security		
		interest in it? No	<del></del>		
E. Are any future contributions or future receipts of in collateral for the loan? No Yes If ye	terest income, pleaged as s, specify:	What is the estimated value?			
		2.50			
A depository account must be established pursuanto 11 CFR 100.82(e)(2) and 100.142(e)(2).					
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 r	not equal or exceed		
the loan amount, state the basis upon which this k	oan was made and the basis on w	nich it assures repayme	nt.		
G. COMMITTEE TREASURER		DATE			
Typed Name		M VM / TO VO	1 1 1 V V V V V V V		
Signature					
H. Attach a signed copy of the loan agreement.					
TO BE SIGNED BY THE LENDING INSTITUTION:     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 ioan 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 the complied with the requirements set forth at 1	at a loan must be made on a bas	s which assures repayming this loan.	nent, and has		
AUTHORIZED REPRESENTATIVE	100.02 and 100.172 iff flian	DATE			
Typed Name		[M.vW] / [D.vo.	\		
Signature	Title				
		<u>_l</u>			

### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

			Tidinbered line)
AME OF COM	MMITTEE (In Full)		
ndian	a Chamber Como	vessional Action	Committee
A. Full Nat	me (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
Mailing Add	ress		
City	State	Zin Codo	
City	State	Zip Code	
<del> </del>		· · · · · · · · · · · · · · · · · · ·	
	ing Balance Beginning This Period		
]			
	mount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	mary man	Largery	
B. Full Nam	ne (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
	io (Laoi, 1110i, Illiadio Illiadi, 01 Dobie		realized of Book (Falposo).
Mailing Add	Iress		
L		7-6-4-	
City	State	Zip Code	
	ing Balance Beginning This Period		
	1		
A	mount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<u> </u>	man man		
C. Full Na	me (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
	,		
Mailing Add	ress		
City		State Zip Code	<del></del>
		State Zip Code	
Cutatord	ing Balanca Baginning This Baried		
Cuisianu	ing Balance Beginning This Period		
<u> </u>			
A	mount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<u> </u>	<u></u>		
L		<del></del>	
SUBTOTA	LS This Period This Page (optional)		
<del>.</del>			
TOTALS T	This Period (last page this line number	er only)	
TOTAL C	ITOTANDING LOANS from Colorada	C (last page only)	
I I UIAL OL	UISTANDING LUANS FROM Schedule	C (last page only)	
ADD 2) ar	nd 3) and carry forward to appropriate	line of Summary Page (last page only	

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ onavessional 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee Date ם יים Mailing Address **Amount** State Zip Code City Office Sought: Purpose of Expenditure House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address **Amount** City State Zip Code Purpose of Expenditure Office Sought: House State: Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (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

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

Signature

party committee) any political party committee or its agent.

#### 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 E

PAGE		OI	=	
FOR LINE	25	OF	FORM	зх

	by Political Committees in the Gene	rai Election)			
NAME OF COMMITTEE (In Full)					
Indiana Chamber Obnatessional Action Committee					
Has your committee been designated to make coordinated expenditures by a political party committee?	Full Name of Subordinate Committee				
YES NO					
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/			
Mailing Address		Type Date			
City State	Zip Code	MUM / GVB / YVYVYVY			
Name of Federal Candidate Supported Office Sough	nt: House State:	Amount			
	Senate District:				
	Presidential	<u> </u>			
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure			
		Category/			
Mailing Address		Type			
City State	City State Zip Code				
Name of Federal Candidate Supported Office Sough	nt: House State:	Amount			
	Senate District:				
Annual County Floring	Presidential				
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure			
		Category/			
Mailing Address		Type			
City State	Zip Code				
Name of Federal Candidate Supported Office Sough	ht: House State:	Amount			
1	Senate District:				
	Presidential				
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional)	<b>&gt;</b>				
TOTAL This Period (last page this line number only)	····				

#### SCHEDULE H1 (FEC Form 3X)

#### METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Losel 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
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or
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
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

CHEDULE H2 (FEC Form 3X)		PAGE OF
LLOCATION RATIOS		
AME OF COMMITTEE (In Full)  MICHAEL COMMITTEE (In Full)  ACTION FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA  CTIVITIES APPEARING ON THIS REPORT.	on Committee	•
ethods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. Fer PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a rare 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		· — · · · · · · · · · · · · · · · · · ·
ACTIVITY IS:    Fundraising   Direct Candidate Support	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	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL OV	NONEEDERAL R
ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
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		
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

New

CHECK IF THE RATIO IS:

Revised

Direct Candidate Support

Same as Previously Reported

#### SCHEDULE H3 (FEC Form 3X) AL

	FERS FROM NONFEDERAL ACC ATED FEDERAL / NONFEDERAL	PAGE OF		
LLUU	AIED FEDERAL / NONFEDERAL			FOR LINE 18a OF FORM 3X
_	F COMMITTEE (In Full)		_	_
Ind	iana Chamber Co	navessional	Action	n Committee
	OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
			~~~~~	
BRE	AKDOWN OF TRANSFER RECEIVED			
i)	Total Administrative			
ii)	Generic Voter Drive			
iii)	Exempt Activities			
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)		
	a)		<u>, , , , , , , , , , , , , , , , , , , </u>	
1:	b)		V-V-V-	- ]
	c) Total Amount Transferred For Direct Fundra		•••••••••••••••••••••••••••••••••••••••	
"	Direct Candidate Support (List Activity or Ev	ent identifier)		_
	a)		~	
1:	b)			
	c) Total Amount Transferred For Direct Candid			
	Public Communications Referring Only to			
[ VI)			<del> </del>	
•	IOIALS FO	OR BREAKDOWN OF TRAN	SFEH HECEIVE	:0
TOTAL	This Period (Administrative)			
TOTAL	This Period (Generic Voter Drive)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
TOȚAL.	This Period (Exempt Activities)			
TOTAL	This Period (Direct Fundraising)			<b>7</b>
;				V-V-V-V-V-V-V-
IUIAL	This Period (Direct Candidate Support)			
TOTAL	This Period (Public Communications Referring	Only to Party)		<u></u>

TOTAL This Period (Total Amount Transferred).....

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
L		
COD LINI	- 04 - OF FORM	~~

NA	ME OF COMMITTEE (In Full)			<b>A</b>	POTENCE ZIZ OF FORM OX
Ĭ	Wiana Chamber Con	naves	sional	Action	Committee
A.	Full Name (Last, First, Middle Initial)	7.			Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		<u> </u>
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
	,			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			~ <b>7</b> ~~~~ <b>7</b> ~~~		
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
				·. ·. ··.	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:				And care Activity of Event real-to-bate
	Activity or Event Identifier:				
				Category/ Type	Date Corp / Provers
	FEDERAL SHARE	+	NONFEDERA	SHARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				1	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	Date Comp / Parana
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
SI	BTOTAL of Allocated Federal and NonFederal	Activity Thi	s Page NONFEDERAL	SHARE	= TOTAL AMOUNT
				<del></del>	
TC	OTAL This Period (last page for each line only)			·····	are to 21(a)(ii))
	FEDERAL SHARE	[	NONFEDERAL	SHARE	TOTAL AMOUNT
			<u>~</u>		

#### SCHEDULE H5 (FEC Form 3X)

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

	by State, District and Local		· Only)		PAGE OF
		ranty Committees			FOR LINE 18b OF FORM 3X
AME OF CO	MMITTEE (In Full)				
Indian		<u>onavession</u>	al Acfi	on 6m	mittee
NAME OF A	CCOUNT	DATE OF RECEIPT	•		OUNT TRANSFERRED
		(M.A.W.) \ (D.A.D.) \	LANANANA]		
<u> </u>					
BREAKDOV	NN OF THIS TRANSFER				
i)	Voter Registration	[ <del></del>	VOTER REGISTR		
•	Total Amount Transferred for Voter	Registration			
<b>311</b>	Voter ID		V	OTER ID	
. 11)	Total Amount Transferred for Voter	ID			
_				GOTV	
iii)	GOTV Total Amount Transferred for GOT	V		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1	TOTAL PRINCIPLE TRANSPORTED FOR GOT	•		GENERIO CAL	TANGAL ACTIVITY
, iv)	Generic Campaign Activity		<u>[</u>	GENERIC CA	MPAIGN ACTIVITY
	Total Amount Transferred for Gene	ric Campaign Activity			
NAME OF A	ACCOUNT	DATE OF RECEIPT		TOTAL AM	OUNT TRANSFERRED
NAME OF A	NOCOUNI	DATE OF RECEIPT		TOTAL AM	VIVIOLENTED
					<u></u>
DDE442C	AND OF THE TRANSFER	1		L	
	WN OF THIS TRANSFER		VOTER REGISTR	RATION	
i)	Voter Registration	Registration	<del>~~~~~~</del>	~~~~~~	
	Total Amount Transferred for Voter	nagionalion		OTER ID	
· ii)	Voter ID		L-2-2-2-2-4	7-7-7-V	
	Total Atnount Transferred for Voter	' ID	<u></u>	~_^ <u>~</u> ~	<u></u>
iii)	GOTV		السيارسيارس	GOTV	
1	Total Amount Transferred for GOT	v			
;. A	Ganaria Compaign Astivity				MPAIGN ACTIVITY
IV)	Generic Campaign Activity Total Amount Transferred for Gene	eric Campaign Activity		-vvvv	· ·
		, - 3		_^_^_	<u></u>
	TOTALS FOR BR	EAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)	
. TOTA	L This Period (Voter Registration)		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
	,	<u> </u>			
TOTA	L This Period (Voter ID)				
•					
TOTA	L This Period (GOTV)				
			[F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································
TOTA	L This Period (Generic Campaign A	ctivity)			~~~~~~
				11 -0 3	<u> </u>
TOTA	L This Period (Total Amount of Tran	nsfers Received)			<u>, , , , , , , , , , , , , , , , , , , </u>

## 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	Ē		OF		
FOR	LINE	30a	OF	FORM	зх

AME OF COMMITTEE (In Full)				
Indiana Chamber Congressional Act	ion Committee			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement  Category/ Type	Date / Date / TATALA			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
Industry Address				
City State Zip Code				
Purpose of Disbursement  Category/ Type	Date / Gro / Yrrrr			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State ∠ip Code				
State Zip Gode				
Purpose of Disbursement Category/ Type	Date Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
LEGELIA OLIVIE	_ [			
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	J [			
FEDERAL SHARE  [				
LEVIN SHARE				
TOTAL This Period for the Levin Share				

#### SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)							
NAM	Indiana Chamber Congressional Action Committee							
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE					
1.	RECEIPTS FROM PERSONS (a) Itemized							
	(Use Schedule L-A)							
	(b) Uniternized							
	(c) Total							
2.	OTHER RECEIPTS							
3.	TOTAL RECEIPTS							
U.	(Add Lines 1c and 2)							
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT							
	(Use Schedule L-B)							
	(a) Voter Registration							
	(b) Voter ID							
	(c) GOTV							
	(6) 4014							
	(d) Generic Campaign							
;	(e) Total							
<u>.</u>	OTHER DISBURSEMENTS							
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							
0.	(from Line 3)							
9.	SUBTOTAL							
	(Add Lines 7 and 8)							
10.	DISBURSEMENTS(From Line 6)							
44	ENDING CASH ON HAND							
11.	(Subtract Line 10 From Line 9)							
:								

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

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

	÷			 -
OR LINE NUMBER: check only one)		Г	1a	Γ

PAGE

∩E

F 2 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) Action Commi 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 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. 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 Full Name (Last, First, Middle Initial) / Full Organization Name **Date of Receipt** C. 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 The second secon Full Name (Last, First, Middle Initial) / Full Organization Name **Date of Receipt** D. **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 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBE	ER:	PAG	E		OF
(check only one)	$\Box$		$\Box$	<b>4c</b> 4d	5

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statements may ror for commercial purposes, other than using the name and address.		
NAME OF COMMITTEE (In Full)  Indiana Chamber Comp  Full Name (Last, First, Middle Initial) / Full Organization Name	icssional Ac	fron Committee
<b>A.</b>		Date of Disbursement
Mailing Address		M.M. ( 0.00) ( A.A.A.A.
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) / Full Organization Name  B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	·	
Full Name (Last, First, Middle Initial) / Full Organization Name		· · · · · · · · · · · · · · · · · · ·
C		Date of Disbursement
Mailing Address		/ 000 / 7077
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Day of Day
D. ;	l	Date of Disbursement
Mailing Address		M d M / B d D / P d d d d d
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	<b>•</b>	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FED EXP	Shipping Date
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):	ceipt or Postmarked
Smo	11/30/10
PREPARER (3/2005)	DATE PREPARED