2030832323

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 JUL 10 AM 10: 04

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Ė4M5		_		

1.	NAME OF			
	COMMITTEE	(in	full)	

TYPE OR PRINT ▼

Example: If typing, type over the lines.

<u> LINDIANA CHAMB</u>	ER CONG	2555101	NAL AC	TION		لىب
LOMMITTEE				1111		
ADDRESS (number and street)	5 W. WASI	HNGTO	n Stri	<u>eet, 5</u>	ulte 8	3505
Check if different than previously reported. (ACC)	DIANAPOL	15		N 44	<u> </u>	
2. FEC IDENTIFICATION NUMBER	▼ CITY		ST	TATE A	ZIP CODI	E A
00405597		PORT X	NEW (N) OR	AMEND (A))ED	
(Choose One) (a) Quarterly Reparts: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Apr 20	O (M3) Primary (1) Convention General (3	/ (12C)	Aug 20 (I Sep 20 (I Oct 20 (A General (12G) Special (12S)	M9)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5. Covering Period 04-	51 2512	through	5.6	30 2	012	
I certify that I have examined this Report Type or Print Name of Treasurer	Darla	Barn		, correct and cor	nplete.	
Signature of Treasurer Dan	e Dan		Dat	المشقصنا	<i>b</i> 3 ′ [26/5
NOTE: Submission of false, erroneous. or Office Use Only FEGAN026	Incomplete information	nay subject the p	erson signing this		FEC FORN Rev. 12/200	/ 3X

CO C) M C) ⟨√

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Action Committee

Report Covering the Period:

From:

To:

04 30 2012

COLUMN A This Period

COLUMN B Calendar Year-to-Date

(a) Cash on Hand January 1,

(b) Cash on Hand at

- (c) Total Receipts (from Line 19)

Beginning of Reporting Period......

- (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

- Total Disbursements (from Line 31).....

- Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

- 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)
- 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

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

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

M

20308

Indiana Chamber Congressional Action Committee

Report Covering the Period: From:	04'01	2012	То
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06 30 2012

11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add	11.			
(i) temized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees 13. All Loans Received 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal Candidates 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 H5) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).		• •		
(ii) TOTAL (add Lines 11(a)(i) and (ii)			d	7
(iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs)		(i) itemized (use Schedule A)		
(iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs)		(ii) Uniternized	Ø	
Lines 11(a)(i) and (ii)		• •		
(b) Political Party Committees (c) Other Political Committees (such as PACs). (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5). 12. Transfers From Affiliated/Other Party Committees 13. All Loan Repayments Received. 14. Loan Repayments Received. 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5). 16. Refunds of Contributions Made to Federal Candidates 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 (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts			Ø	
(c) Other Political Committees (such as PACs)				
(c) Other Political Committees (such as PACs)		(b) Political Party Committees		
(such as PACs). (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5). 12. Transfers From Affiliated/Other Party Committees. 13. All Loan Repayments Received. 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5). 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. 17. Other Federal Receipts (Dividends, Interest, etc.). (Dividends, Interest, etc.). (b) Levin Funds (from Schedule H3) (c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts				
(d) Total Contributions (add Lines 11(d), (iii), (b), and (c)) (Carry Totals to Line 33, page 5)				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)				
Totals to Line 33, page 5)		•		
12. Transfers From Affiliated/Other Party Committees				
13. All Loans Received	12.	· -		
14. Loan Repayments Received		Party Committees	(A)	
14. Loan Repayments Received				
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13.	All Loans Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14.	Loan Repayments Received	(A)	
(Carry Totals to Line 37, page 5)	15.	Offsets To Operating Expenditures		
16. Refunds at Contributions Made to Federal Candidates and Other Political Committees		(Refunds, Rebates, etc.)		
to Federal Candidates and Other Political Committees		(Carry Totals to Line 37, page 5)		Ø
Political Committees	16.	Refunds of Contributions Made		
17. Other Federal Receipts (Dividends, Interest, etc.)		to Federal Candidates and Other		
(Dividends, Interest, etc.)		Political Committees		
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	17.	Other Federal Receipts		
(a) Non-Federal Account (from Schedule H3)		(Dividends, Interest, etc.)		
(b) Levin Funds (from Schedule H5)	18.	Transfers from Non-Federal and Levin Funds		
(b) Levin Funds (from Schedule H5)		(a) Non-Federal Account		
(c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		(from Schedule H3)		
(c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))				
(c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		(b) Levin Funds (from Schedule H5)		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))				
12, 13, 14, 15, 16, 17, and 18(c))		(c) Total Transfers (add 18(a) and 18(b))	0	
12, 13, 14, 15, 16, 17, and 18(c))				
12, 13, 14, 15, 16, 17, and 18(c))				
12, 13, 14, 15, 16, 17, and 18(c))				
20. Total Federal Receipts	19.	•		
		12, 13, 14, 15, 16, 17, and 18(c))▶		
(subtract Line 18(c) from Line 19)	20.			
		(SUDTRACT LINE 18(C) From Line 19)▶	<u></u>	Lanana and D

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	Total Tills Totlou	Calendar rear-to-bate
	Activity (from Schedule H4)		8
	(i) Federal Share		
	(ii) Non-Federal Share	L	
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶		
22.	Transfers to Affiliated/Other Party	7	No.
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		0
28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		0
29.	Other Disbursements		<u></u>
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share	Ø	
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0	\mathcal{O}
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Disbursements (add Lines 21(c), 22,		
J1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3.00	12.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	L. n. n. n. n. n. p	

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 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 (fram Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 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 Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) w Full Name (Last, First, Middle Initial) Date of Receipt **Mailing Address** City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
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 perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Indiana Chamber Full Name (Last, First, Middle Initial)	Congression	al A	Gion Committee
A.	7		Date of Disbursement
Mailing Address			MAM (BAB (AAAAA)
City	itate Zip Code		· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary · ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. '			Date of Disbursement
Mailing Address			MAM (LANAMANA)
City	tate Zip Code		
Purpose of Disburgement	T re		A A. A. P. A. P. L
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			MAN (LAGARACA)
City	tate Zip Code		
Purpose of Disbursement	T (r		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
<u> </u>	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		>	
TOTAL This Period (last page this line number only).		······ Þ	

SCHEDULE C (FEC Form 3X) LOANS

OANS.	Use separate schedule(s) PAGE OF
ionio	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congression	121 Action Committee
LOAN SOURCE Full Name (Last, First, Middle Initia)	Election:
	Primary
	General
Mailing Address	Other (specify)
City State ZIP Coc	do .
	L
Original Amount of Loan Cumulative Payment To	
TERMS Date Incurred Date Due	Interest Rate Secured:
Marki (Lara) (Laranana) (Larana) (Larana) (Laranana)	
	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	A
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, "First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	,
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	▶ <u> </u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		:==:	IDENTIFICATION NUMBER
Congressional Action C	hmmittee		0.0405591
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name		.	[
Mailing Address City State Zip Code	Date Incurred or Established Date Due		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A. Has loan been restructured? No Yes	If yes, date originally incurred		, [,
B. If line of credit, Amount of this Draw:	Ralance:	1	
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu	ed? ast be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the loproperty, gends, riegotiable instruments, certificated of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,		ender have a perfected security
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s			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 the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER	· · · · · · · · · · · · · · · · · · ·	DATE	
Typed Name Signature			/ BVB / YVYVY
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 ten are accurate as stated above. II. The loan was made on terms and conditions (indisting similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 Cl	cluding interest rate) no more far comparable credit worthiness. a loan must be made on a basis	vorable at the	ne time than those imposed for ures repayment, and has
AUTHORIZED REPRESENTATIVE	THE TOUR WIND TOURTE IN MICHAEL	DATE	
Typed Name Signature Titl	le		, [, , , , , , , , , , , , , , , , , ,

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

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

xcluding Loans	for each numbered line) (check only one) 9
NAME OF COMMITTEE (In Full)	0 "
Indiana Chamber Congressional Action	
A. Full Name (Last, First, Middle Initial) of Debtocor Creditor	Nature of Debt (Purpose):
•	
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
<u> </u>	
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)	···· P
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 of	<u> </u>

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Adion Committee	00405597
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
	Amount ·
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President — Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	Man , bool , rovere
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury 1 certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature	,

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

PAGE (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your committee been designated to make coordinated expenditures by a political party committee? YES ☐ NO Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** Aggregate Gerreral Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate > SUBTOTAL of Expenditures This Page (optional)..... 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 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
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

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

FAGE OF	1	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. Fer 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: 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	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL A	NOVERDER
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	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Diract 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	FEDERAL %	NONFEDERAL %

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

PAGE	OF		
FOR LINE	18a OF	FORM	зх

	of committee (in full) liana Chamber Con	avesional Action	a Committee
	E OF ACCOUNT	VATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		M.M. (D.D) (T.Y.Y.Y	
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		
			المسارك المسارة المسارة المسارك المسار
ii)	Generic Voter Drive		···· [
1			
iii)	Exempt Activities		<u> </u>
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)	
1			
1	a)	[<u></u> j
		; 	,
	b)	. 	
	a) Total A	1-1	
\ ·	c) Total Amount Transferred For Direct Fundra	ising	···· [
V)	Direct Candidate Support (List Activity or Ev	ent Identifier)	
]
	a)	<u> </u>	ا
Ì			
	b)		
İ	c) Total Amount Transferred For Direct Candid	late Support	
	o, lotal Ambunt Hansiened For Direct Candid	ate oupport	
l vi)	Public Communications Referring Only to I	Party (Made by PAC)	
,			
	IDIALS FC	R BREAKDOWN OF TRANSFER RECI	
TOTAL	This Period (Administrative)	1	
	,		
TOTAL	This Period (Generic Voter Drive)	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
		_ _	
TOTAL	This Period (Exempt Activities)	<u>)</u>	<u>,</u>
		<u> </u>	
TOTAL	This Period (Direct Fundraising)	<u></u>	<u></u>
TOTAL	This Period (Direct Candidate Support)	<u></u>	
TAT**	This Desired (Dublic Communications Def. 1997)	Only to Borto	
IUIAL	This Period (Public Communications Referring	Опіу то Рапу)	
TOTAL	This Period (Total Amount Transferred)		
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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EOR LINE	= 21a OE	EODM	27

NA	ME OF COMMITTEE (In Full)		A .	POTENZ ZIU OT TOTIMI OX
Ĺ	Miana Chamber Congressio	nal	<u>Action</u>	n (bmmittee
A.	Full Name (Last, First, Middle Initial)	•	i	Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zip	Code		
	City State Zip	Coue		Public Comm (ref to party only) by PAC
•	Purpose of Disbursement:		() - تردین دی	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			<u> </u>
			Category/ Type	Date / Dob / Tyryyry
			SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address		·	Administrative Fundraising Exempt
				Voter Drive Diract Candidate Support
	City State Zip	Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			Allocated Activity or Event Year-To-Date
	A study of Frank Idea Miles	·		
	Activity or Event Identifier:		Category/ Type	Date
	FEDERAL SHARE + NONF	EDERAL	SHARE	= TOTAL AMOUNT
		V	-uuu	
<u>.</u>	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
.	Tan reality (Last, 1 los, landare limitary	•		Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State Zip	Code		Public Comm (ref to party only) by PAC
	Purpose of Dichurcoment		I	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			
	Activity or Event Identifier:		<u> </u>	
			Category/ Type	Date Date
	FEDERAL SHARE + NONFI		SHARE	TOTAL AMOUNT
		· · · · · · · · · · · · · · · · · · ·		
SL	JBTOTAL of Allocated Federal and NonFederal Activity This Page	•		· · · · · · · · · · · · · · · · · · ·
			SHARE	= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)(Federal share to 21)	(a)(i) and		are to 21(a)(ii))
	FEDERAL SHARE NONFE		SHARE	TOTAL AMOUNT
	<u> </u>			

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

	D FEDERAL ELECTION ACTIVITY	Ja A	PAGE OF
	by State, District and Local Party Committees On	іу) 	FOR LINE 18b OF FORM 3X
NAME OF COI	MMITTEE (In Fuil)		•
Indian	a Chamber Congressional	Action	n Committee
NAME OF A	CCOUNT DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
BREAKDOV	VN OF THIS TRANSFER		
i)	Voter Registration Total Amount Transferred for Voter Registration	OTER REGISTRA	ITION
	<u> </u>	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	TER ID
ii)	Voter ID Total Amount Transferred for Voter ID		
1111	GOTV		GOTV
""	Total Amount Transferred for GOTV		T. A.
ivì	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
'''	Total Amount Transferred for Generic Cempaign Activity		

NAME OF A		~~~~	TOTAL AMOUNT TRANSFERRED
BREAKDO	WN OF THIS TRANSFER		
i)	Voter Registration V	OTER REGISTRA	ATION
	Total Amount Transferred for Voter Registration	<u></u>	
ii)	Voter ID		OTER ID
	Total Amount Transferred for Voter ID		
iii)	GOTV		GOTV
	Total Amount Transferred for GOTV		7-1-7-1-1-1
iv)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Generic Campaign Activity	<u>L</u>	
	TOTAL C. FOR PREAKROWN OF TRANSFER	DECENSO () a	ot Barro Only)
٠	TOTALS FOR BREAKDOWN OF TRANSFER	TECEIVED (La	st rage Only)
° TOTA	L This Period (Voter Registration)		
TOTA	L This Period (Voter ID)		
			~
TOTA	L This Period (GOTV)		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
TOTA	L This Period (Generic Campaign Activity)	······ [<u></u>	
ТОТА	L This Period (Total Amount of Transfers Received)		
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE			OF		
CODII	NIE.	20-	\sim	FORM	$\overline{}$

IAME OF COMMITTEE (In Full)	
Indiana Chamber (bravessional	ActionCommittee
A. Full Name (Last, First, Middle Initial) / Full Organizatise 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	THE THE STATE OF T
Purpose of Dispursement	ategory/ Type Date
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
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Purpose of Disbursement	
C C	ategory/ Type Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
1 11	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event: Voter Registration GOTV
	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement C FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Jategory/ Type TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement C FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Jategory/ Type TOTAL AMOUNT
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C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type = TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type = TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type = TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin SHARE LEVIN SHARE LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date ategory/ Type TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin SHARE LEVIN SHARE LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date ategory/ Type = TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS FROM PERSONS	- Harrison Sylvina Harrison Commission	
(a) Itemized(Use Schedule L-A)		
Alan I Indian and and		
(b) Unitemized		
(c) Total		;;
(C) 10tai	······ (h. 15. 12. 1. 20. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
OTHER RECEIPTS		
OTTIET TEGEN TO	······:	<u> </u>
TOTAL RECEIPTS		
(Add Lines 1c and 2)	<u> </u>	[h
TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	[
(a) Voter Registration		<u></u>
(h) Votor ID		
(b) Voter ID	·····	<u></u>
(c) GOTV		
(0) 4311		
(d) Generic Campaign		
. ,		
(e) Total		
OTHER DISBURSEMENTS		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		(
TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		[1
DECEMBE	 	\
RECEIPTS(from Line 3)	<u>L.aa,a,a,a,</u>	<u> </u>
SUBTOTAL		7 7 7 7 7 7 7
(Add Lines 7 and 8)	Comment of the Commen	
DISBURSEMENTS		· · · · · · · · · · · · · · · · · · ·
(From Line 6)		<u> </u>
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ENDING CASH ON HAND(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

FOR LINE NUMBER: (check only one)

]1a	□ 2

OF

PAGE

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Ľ	for commercial purposes, other than using the name and address of any political committee to	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)	1
2	Indiana Chamber Congressional A	
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Α.		W-W / 0-0 / V-Y-Y-Y-
i	Mailing Address	<u> </u>
	City	Amount of Each Receipt this Period
١	City State Zip Code	
1	Name of Employer or Principal Place of Business	- Lananana
		Aggregate Year-to-Date
ì	Occupation	
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
В.	(,	Date of Receipt
	Mailing Address	
į	Mailing Address	
i	City State Zip Code	Amount of Each Receipt this Period
1	Name of Employer or Principal Place of Business	Aggregate Vegr-to-Date
;	Occupation	Aggregate Year-to-Date
		- I
		<u></u>
	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
С.	Full Name (Last, First, Middle Initial) / Full Organization Name	
C.		Date of Receipt
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Date of Receipt
C.		Date of Receipt
C.	Mailing Address City State Zip Code	Date of Receipt Mount of Each Receipt this Period
C.	Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date
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C.	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Amount of Each Receipt this Period Aggregate Year-to-Date
C.	Mailing Address City State Zip Code Name of Employer or Principal Place of Business	Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt
C.	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Amount of Each Receipt this Period Aggregate Year-to-Date
C	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation	Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt
C	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation Full Name (Last, First, Middle Initial) / Full Organization Name	Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt
C	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt Amount of Each Receipt this Period
C	Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt Amount of Each Receipt this Period
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

FOR LINE NUMBI	PAG	<u>iE</u>	OF	
FOR LINE NUMBI (check only one)		4a 4b	4c 4d	5

OF LEVIN FUNDS	Aggregation Page	the
Any information copied from such Reports and Statement or for commercial purpases, other than using the name a		
NAME OF COMMITTEE (In Full)		
/Indiana Chamber Con	<u>ngressional A</u>	14ion Committee
Full Name (Last, First, Middle Initial) / Full Organizatio A.	on Marne	Date of Disbursement
Mailing Address		MAM, DAD, LARAGA
City Stat	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	on Name	Date of Dishumanana
В.	Date of Disbursement	
Mailing Address		
City Stat	te 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		M~M \ [0.20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City Stat	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	on Name	
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Mailing Address		
City Sta	ite Zip Code	Amount of Each Disbursement this Period
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Mailing Address		
City Sta	ite 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)		

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): f & d & F & P Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): 7/10/12 **DATE PREPARED**