

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 NOV 19 9:51

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

12FE4M5

ADDRESS (number and street) 115 WEST WASHINGTON STREET, SUITE 850S INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00405597

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Report for the: General, Runoff, Special.

5. Covering Period 10/01/2020 through 10/14/2020

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

Type or Print Name of Treasurer Jeff Brantley

Signature of Treasurer [Signature] Date 10/19/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 10 columns for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		11,656.90
(b) Cash on Hand at Beginning of Reporting Period.....	9,136.90	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	0	2,520.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,136.90	9,136.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

2020 NOV 10 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y
2020			

 To:

M	M
10	

 /

D	D
14	

 /

Y	Y	Y	Y
2020			

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

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)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Category/Type <input type="checkbox"/> _____			FEC Identification Number C _____
Amount of Each Disbursement this Period _____			<input type="checkbox"/> Memo Item
B. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Category/Type <input type="checkbox"/> _____			FEC Identification Number C _____
Amount of Each Disbursement this Period _____			<input type="checkbox"/> Memo Item
C. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Disbursement M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Category/Type <input type="checkbox"/> _____			FEC Identification Number C _____
Amount of Each Disbursement this Period _____			<input type="checkbox"/> Memo Item
SUBTOTAL of Disbursements This Page (optional).....▶			_____
TOTAL This Period (last page this line number only).....▶			_____

NON-FEDERAL CAMPAIGN COMMUNITIES

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

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

UNRELEASED UNDER E.O. 14176

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee	FEC IDENTIFICATION NUMBER C
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <input style="width:90%;" type="text"/>	Interest Rate (APR) <input style="width:90%;" type="text"/> %
Mailing Address	Date Incurred or Established <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	
City	State	Zip Code
		Date Due <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>

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

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

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

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

What is the value of this collateral?

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

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

What is the estimated value?

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

Date account established: / / Address: _____

City, State, Zip: _____

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

G. COMMITTEE TREASURER Typed Name Signature	DATE <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>
---	---

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>
Title	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
	10

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

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

Outstanding Balance Beginning This Period		
<input style="width: 100%; height: 20px;" type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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		
<input style="width: 100%; height: 20px;" type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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		
<input style="width: 100%; height: 20px;" type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input style="width: 100%; height: 20px;" type="text"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input style="width: 100%; height: 20px;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input style="width: 100%; height: 20px;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width: 100%; height: 20px;" type="text"/>

NONPROFIT CORPORATION

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**

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

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee								
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee						
		Mailing Address						
		City	State	ZIP Code				
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type				
Mailing Address		Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y</td> </tr> </table>		M M	D D	Y Y Y Y Y Y
M M	D D	Y Y Y Y Y Y						
City	State	Zip Code						
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount				
		Senate	District: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>				
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>						
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type				
Mailing Address		Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y</td> </tr> </table>		M M	D D	Y Y Y Y Y Y
M M	D D	Y Y Y Y Y Y						
City	State	Zip Code						
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount				
		Senate	District: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>				
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>						
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type				
Mailing Address		Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M</td> <td style="width:33%; text-align:center;">D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y</td> </tr> </table>		M M	D D	Y Y Y Y Y Y
M M	D D	Y Y Y Y Y Y						
City	State	Zip Code						
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount				
		Senate	District: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>				
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>						
SUBTOTAL of Expenditures This Page (optional).....▶		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>						
TOTAL This Period (last page this line number only).....▶		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> <td style="width:33%; text-align:center;"> </td> </tr> </table>						

20160501 10:00 AM

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 ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

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

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

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

UNIVERSITY MICROFILMS

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED					
	<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	
M M	/	D D	/	Y Y Y Y			

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

20160508 10:00 AM OF THE CHAMBER

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

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

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: **Allocated Activity or Event Year-To-Date**

Activity or Event Identifier: **Date** M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: **Allocated Activity or Event Year-To-Date**

Activity or Event Identifier: **Date** M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: **Allocated Activity or Event Year-To-Date**

Activity or Event Identifier: **Date** M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**

20160501 10:00:00 AM

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED										
	<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y Y Y						
M M	/	D D	/	Y Y Y Y Y Y								

BREAKDOWN OF THIS TRANSFER

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

VOTER REGISTRATION

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

VOTER ID

iii) **GOTV**
Total Amount Transferred for GOTV

GOTV

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

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED										
	<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y Y Y						
M M	/	D D	/	Y Y Y Y Y Y								

BREAKDOWN OF THIS TRANSFER

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

VOTER REGISTRATION

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

VOTER ID

iii) **GOTV**
Total Amount Transferred for GOTV

GOTV

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

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

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

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

20160501 10:00 AM

**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)

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

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

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

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

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
TOTAL This Period for the Levin Share					
			<input type="checkbox"/>		

20160501 10:00 AM

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

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

FOR LINE NUMBER: PAGE 1 OF 1
 (check only one) 4a 4c 5
 4b 4d

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

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

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

 Mailing Address

 City State Zip Code

 Purpose of Disbursement

 Date of Disbursement
 M M / D D / Y Y Y Y Y Y

 Amount of Each Disbursement this Period

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

 Mailing Address

 City State Zip Code

 Purpose of Disbursement

 Date of Disbursement
 M M / D D / Y Y Y Y Y Y

 Amount of Each Disbursement this Period

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

 Mailing Address

 City State Zip Code

 Purpose of Disbursement

 Date of Disbursement
 M M / D D / Y Y Y Y Y Y

 Amount of Each Disbursement this Period

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

 Mailing Address

 City State Zip Code

 Purpose of Disbursement

 Date of Disbursement
 M M / D D / Y Y Y Y Y Y

 Amount of Each Disbursement this Period

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

 Mailing Address

 City State Zip Code

 Purpose of Disbursement

 Date of Disbursement
 M M / D D / Y Y Y Y Y Y

 Amount of Each Disbursement this Period

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

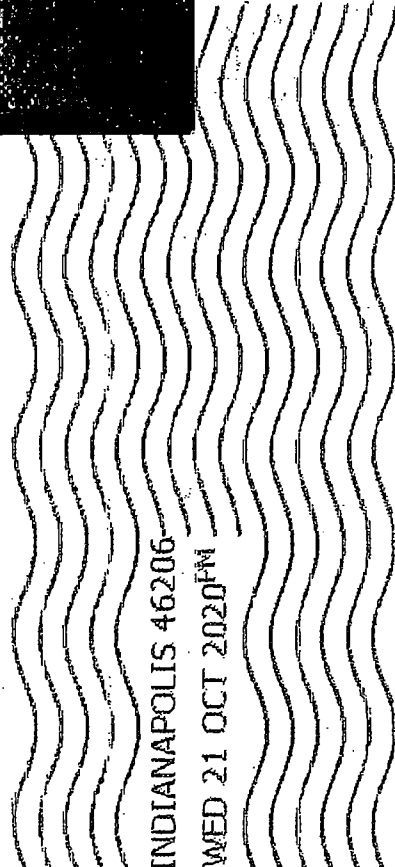
TOTAL This Period (last page this line number only).....▶

NONPROFIT CORPORATION

**INDIANA
CHAMBER**SM
LEADING BUSINESS | ADVANCING INDIANA

15 W. Washington St. | Suite 850S | Indianapolis, IN 46204

Image



INDIANAPOLIS 46206
WED 21 OCT 2020 PM

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

RECEIVED
MAIL CENTER
-9 AM 9:51

