2020-11-10-08-00MM6M4N

FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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FEC FORM 3X

Rev. 05/2016

1.	NAME (COMMI	OF TTEE (in full)	TYPE	ORF	PRINT V	7			ole: If ty ne lines.		pe	12FI	E4M5			•
	NPIĄN	A CHAMBER	COL	NGR	ESSI	γνς	АĻ ĄСŢ	ΓΙΟΝ	ÇQM	Μίττι	EE , ,		111			
ADI	DRESS (number and street)	<u> </u>	 15 _, Уү	EST	ΨĄ	знійе	TON	ST _R	EET,	SUITE	850	S			
Č	Chi tha	eck if different n previously orted. (ACC)		√ VDIĄ	ΝΑΡ	<u> </u>	S	1 1				ΙŅ	<u> 4</u> 6	 204		
2.	FEC ID	ENTIFICATION N	UMBE	R▼			CITY 🛦				S	TATE 4	\	ZIP	COD	DE ▲
	C 0	0405597					3. IS TH REPC		×	NEW (N)	OR		AMEND (A)	ED		
4.	TYPE (Choose	OF REPORT One)	(b) Mon Rep Due			Feb 20 (0 (M5)		Aug 20 (M		<u>니</u>	Nov 20 (M11) (Non-Election Year Only)
_	(a) Qua	arterly Reports:					Mar 20 (Jun 20			Sep 20 (M			Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
		April 15 Quarterly Report (0	21)	(c)	12-Day	<u>u</u>	Apr 20 (•	imary (1		<u> </u>	Ge	neral (12G)		<u> </u>	Runoff (12R)
		July 15 Quarterly Report (0 October 15			PRE-E			Co	onvention	n (12C)		Sp	ecial (12S)	_		
		Quarterly Report (C January 31 Year-End Report (E	Election on		M W	/ D	⁵ ′ C	1 Ý T	***		the ate of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on	(d)	30-Day POST-I	Electi		Ge	eneral (3	0G)		Ru	noff (30R)] :	Special (30S)
		Termination Report (TER)					Election on	[Ñ N	/ 0 •	[□] / [^Υ	T ∀ T			the ate of	
5.	Covering	g Period 10) ^M ′	o [°] 1	"	202	20`		through		10	14	·)ŽQČ	Ť	
	-	I have examined that Name of Treasure		port a	nd to th	_	Sran	11	dge and	d belief	it is true	, corre	ct and con	nplete.		
Sigr	nature of	Treasurer		21	15.	e	1				Da	te	M M /	1.9	' [2020
NO	TE: Subm	ission of false, erron	eous,	or inco	omplete	infor	mation ma	y subje	ct the p	erson si	gning this	Repo	rt to the pe	nalties c	f 52 l	J.S.C. § 30109

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
		· · · · · · · · · · · · · · · · · · ·
Report Covering the Period: From:	0 01 / 2020 T	To: 10 14 2020
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		1,1,6,56,90,
(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	<u>"</u> 9,136. <u>9</u> 0
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 multication	andidate 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 - 11 - 10 - 05 - 00566455

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

R	eport Covering the Period: From:	['] 01 ^b	2020	То:	10 14	2020
	I. Receipts	7	COLUMN A Total This Period		COLUMN Calendar Year-	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	T T				.0
	(ii) Unitemized(iii) TOTAL (add	77		<u>-</u>		0
	Lines 11(a)(i) and (ii)▶	1 1 7			75 - 75	0
	(b) Political Party Committees(c) Other Political Committees	1 1 1			475 - 775	0
	(such as PACs)(d) Total Contributions (add Lines	- T	77 \	_0 1	-77-	0
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	473	4 473 4 473	0	72 A - 77	. 0
12.	Transfers From Affiliated/Other Party Committees			0	412 4 412	0
13.	All Loans Received	1 1 22	475	0	472 473	0
	Loan Repayments Received	1 1 20		0		0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)					
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	4,72	472	١		0
	to Federal Candidates and Other Political Committees	1 1 77	473	0		0
	Other Federal Receipts (Dividends, Interest, etc.)			0	475 4 475	0
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	1 1 23		ġ.	475-1-475-	0
	(b) Levin Funds (from Schedule H5)	1 1 22	453	0	473 473	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))▶	73		Ō	275 1 275	0
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	A 475		<u></u>	472	0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	10101 11101 10100	Valenda Teal-10-Date
	(i) Federal Share	0	0
	(ii) Non-Federal Share	0	0
	(b) Other Federal Operating Expenditures		20.00
	(c) Total Operating Expenditures		~75.
00	(add 21(a)(i), (a)(ii), and (b))	0	20.00
	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	2,500.00
	Independent Expenditures (use Schedule E)	0	0
25.	(use Schedule E)	0	0
06	Loop Benovmente Mode	0	
20. '	Loan Repayments Made		75 75 75 75 75 75 75 75 75 75 75 75 75 7
27. 28.	Loans Made Refunds of Contributions To:	0	0
	(a) Individuals/Persons Other Than Political Committees	<u> </u>	0
	(b) Political Party Committees	0	0
	(c) Other Political Committees (such as PACs)	0	
	(d) Total Contribution Refunds		U Company
	(add Lines 28(a), (b), and (c))	0	473. 473. 473.
29.	Other Disbursements (Including		
	Non-Federal Donations)	0	<u> </u>
30.	Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
	(i) Federal Share	0	
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		<u> </u>
	Entirely With Federal Funds	0	0
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	<i>a a a a b a</i>	_{23.} 2,520 <u>.</u> 00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	272 CZ2 C C O	2,520.00
	-		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** III. Net Contributions/ **COLUMN B Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

2020 2020
_ <u>j</u>
1 0
<u>9</u>
ODNIHONT®

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
	nd Statements may not be sold or used by any pe the name and address of any political committee				
NAME OF COMMITTEE (In Full)	and hame and address of any pointed seminimes				
Indiana Chamber Congre	essional Action Committee				
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name				
A.		Date of Receipt			
Mailing Address		May / Land / Land			
City	State Zip Code				
EEO ID symbol of contribution		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	45-1-45-1-45-1-45-1-45-1-45-1-45-1-45-1			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼					
Other (specify) •	472 4 472 4 472 4				
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name				
Mailing Address		Date of Receipt			
City	State Zip Code	Amount of Eagh Descipt this Device			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle C.	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address		May / Gag / Askada			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	c				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line num	ber only)				

SCHEDULE B. (FEC Form 3Y)

	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the	FOR LINE (check only		PAGE 1 OF 1 26 □ 27
	333; <u>, </u>		Summary Page	216 28a	28b 28c	29 27 30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the name					
\setminus	NAME OF COMMITTEE (In Full)					***************************************
/	Indiana Chamber Congressional	Action (Committee			
Α.	Full Name (Last, First, Middle Initial)	· · · · · ·			Date of Disbursemen	nt .
А.					M M / D D	" /
	Mailing Address					
	City	State	Zip Code		FEC Identification No	umber
	Purpose of Disbursement				C	
	Candidate Name		L	Category/	Amount of Each Dis	bursement this Period
	Office Sought: House Disbursen	nent For:		Туре		
	Senate President	Primary	General			
	State: District:	Other (spec	lly) ▼		Memo Item	
_	Full Name (Last, First, Middle Initial)	-				
В.					Date of Disbursemen)
	Mailing Address					
	City	State	Zip Code		FEC Identification No	umber
	Purpose of Disbursement		<u> </u>	——————————————————————————————————————	C	
	Candidate Name		1	Category/	Amount of Each Dis	bursement this Period
	Office Sought: House Disbursen	nent For:	<u> </u>	Туре		412 1 412
	Senate President	Primary Other (speci	General			<i>(</i>
	State: District:		·· y /		Memo Item	
c.	Full Name (Last, First, Middle Initial)				Date of Disburseme	· ·
U.					M M / O D	" / [४४४४४४]
	Mailing Address				لــا لــا	
	City	State	Zip Code		FEC Identification No	umber
	Purpose of Disbursement		<u> </u>		C	
	Candidate Name		L	Category/ Type	Amount of Each Dis	bursement this Period
	Office Sought: House Disbursen	nent For:		1,740		475
	Senate	Primary Other (speci	☐ General			
	State: District:		·· ·)		Memo Item	
s	UBTOTAL of Disbursements This Page (optional)					
					73-4	
ľ	OTAL This Period (last page this line number only)	••••••	•••••	·····• ▶		

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 1 OF 1

			Detailed Summary	Page	FOR LINE 13 OF FO	RM 3X
AME OF COMMITTEE (In F	-ull)		<u> </u>			
Indiana Cham	ber Congress	ional Actior	n Committee			
LOAN SOURCE Full Na	me (Last, First, Mi	ddle Initial)	☐ Memo	Item Ele	ection:	ن
	, , ,	,			Primary	
Mailing Address					General Other (specify) ▼	
					7 (-h),	
City		State	ZIP Code			
Original Amount of Loan		Cumulative P	ayment To Date	Balance	Outstanding at Close of T	his Period
		, ,				
TERMS					- 775 - A	
TERMS Date Incur	red		Date Due Interest	Rate	Secure	d:
M M / D D /	, , , , , , , , , , , , , , , , , , ,	M M / D M			% (apr)	s No
List All Endorsers or Gu	arantors (if any)	o Loan Source			- Calan	
1. Full Name (Last, First,		o Loan Source	Name of Employer			
}	,					
Mailing Address			Occupation		·	
City	State	ZIP Code	Amount			
	Oldio	211 0000	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)	<u> </u>	Name of Employer			
Mailing Address			0			
, maining , nacross			Occupation			
City	State	ZIP Code	Amount Guaranteed	- V		لب
		<u></u>	Outstanding:		<u> </u>	
4. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
		- 				
City	State	ZIP Code	Amount Guaranteed			
<u></u>	<u> </u>		Outstanding:			
NIDTOTAL O TICL DUCK I THE	:- D (وستوسا	 	•
SUBTOTALS This Period Th	is rage (optional)		>	<u></u>	49	<u> </u>
TOTALS This Period (last pa	age in this line only	y)				
					<u> </u>	
Carry outstanding balance o	only to LINE 3. Sci	nedule D, for th	is line. If no Schedule D, carry	/ torward	to appropriate line of S	ummary.

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

Supplementary for Information found on Page 1 of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Indiana Chan	nber Congressio	onal Action Committee	C
LENDING INSTITUTION (LENDER)		Amount of Loan	Interest Rate (APR)
Full Name			incolor rate (retry
			%
			/ / / / / / / / / / / / / / / / / / / /
Mailing Address			Mam / Dab / Yayayay
		Date Incurred or Established	
City	State Zip Code	- Date instance of Established	
	Jale Zip Code	Date Due	M = M / 0 = 0 / 1 = 1 = 1
-	<u> </u>		
A. Has loan been restructured?	☐ No ☐ Yes	If yes, date originally incurre	ed , , , , , , , , , , , , , , , , , , ,
D K F (12)	<u> </u>		
B. If line of credit,	-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	Total Outstanding	
Amount of this Draw:		Balance:	
Amount of this Braw.		Bului100.	73-4-1-23-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
C. Are other parties secondarily	liable for the debt inc	urred?	
│ No │ Yes (Endo	orsers and guarantors	must be reported on Schedule C.)
D. Are any of the following pleds	_ 		What is the value of this collateral?
property, goods, negotiable in			
		her similar traditional collateral?	
│ No │ Yes If yes,	specify:		
			Does the lender have a perfected security
	-		interest in it? No Yes
E. Are any future contributions of	or future receipts of inf	terest income, pledged as	What is the estimated value?
<u> </u>	No Yes If yes	·	What is the estimated value.
		· · · —————	
			(*) (*) (*) (*) (*) (*) (*) (*) (*) (*)
A depository assount must be	o established pursuas	Location of account:	
A depository account must be to 11 CFR 100.82(e)(2) and	100.142(e)(2).	t .	
		Address:	
Date account establis	nea:		
		City, State, Zip:	
	<u></u>		
			e amount pledged does not equal or exceed
the loan amount, state the ba	isis upon which this io	oan was made and the basis on w	nich it assures repayment.
G. COMMITTEE TREASURER			DATE
Typed Name			
Signature			
H. Attach a signed copy of the	loan agreement		
I. TO BE SIGNED BY THE LE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			mation regarding the extension of the loan
are accurate as stated a		, toline of the loan and other line.	maion regulating the extension of the real
II. The loan was made on	terms and conditions	(including interest rate) no more f	avorable at the time than those imposed for
similar extensions of cre	edit to other borrowers	of comparable credit worthiness.	is which assures renowment, and has
complied with the requir	or the requirement the rements set forth at 11	at a loan must be made on a bas I CFR 100.82 and 100.142 in mal	is which assures repayment, and has
AUTHORIZED REPRESENTATIVE	C.I.SING COL IOIGI AL II		DATE
Typed Name			DATE
		Title	
Signature		1100	

SCHEDULE D (FEC Form 3X)

(Use separate schedule(s)

PAGE 1 OF FOR LINE NUMBER:

cluding Loans	for each numbered line)	(check only one)	9		
Indiana Chamber Congre	essional Act	ion Committee		I	
A. Full Name (Last, First, Middle Initial) of De	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Mailing Address		<u> </u>			
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	ayment This Period	Outstandi	ng Balance at Close of	This Perio
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of D	Pebt (Purpose):	515
Mailing Address					
City	State	Zip Code			
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of December 1.	3)2	ayment This Period		ng Balance at Close of	This Perio
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	ayment This Period	Outstandii	ng Balance at Close of	This Perio
572 1 572 1 512 1	3)	7)		-7):- 1 -7):-	
SUBTOTALS This Period This Page (optional	l)		>	77 - 77	- 115
TOTALS This Period (last page this line num	ber only)				
TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	only)	>	- 77 - 1 - 77 - 1 - 1 - 1 - 1 - 1 - 1 -	
ADD 2) and 3) and carry forward to appropri	ate line of Summ	nary Page (last page o	only) ►		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Acti	on Commit	tee	C
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
Maining / Nacioso			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date	1 1 1	• • • • •	Disbursement For: Primary General
Per Election for Office Sought	0		Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
Walling Address			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M M / D D / Y M Y M Y
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	//\		Disbursement For: ☐ Primary General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			D
(a) SUBTOTAL of Unitemized Independent Expenditu	res		b (2) (2) (2)
(a) TOTAL Independent Expenditures			b
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	•		<u> </u>
Signature		_ Date	لسسا لسا

PAGE

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

o be used only by Political Committees in the General Election)

FOR LINE 25 OF FORM 3X

PAGE

1

1

OF

	(10)	,	-,		intees in the den	
NA	ME OF COMMITTEE (In Full)					
	Indiana Chamber Congression	onal Actio	n Co	mmittee		
	s your committee been designated to make ordinated expenditures by a political party YES NO		Full N	ame of Subo	ordinate Committee	, 1
lf Y	'ES, name the designating committee:		Mailin	g Address		
			City			State ZIP Code
			O.,,			514.15
	Full Name (Last, First, Middle Initial) of I	Each Payee			☐ Memo Item	Purpose of Expenditure Category/
	Mailing Address					Date Type
	City	State		Zip Code		Mam / Dab / Yayayay
	Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:	Amount
-	Aggregate General Election Expenditure for this Candidate ▶	***		7		475-18-18-275-18-
	Full Name (Last, First, Middle Initial) of Each Payee					Purpose of Expenditure
	Mailing Address					Category/ Type
	City	State		Zip Code		Date / Y Y Y Y Y
	Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:	Amount
	Aggregate General Election Expenditure for this Candidate ▶					
	Full Name (Last, First, Middle Initial) of I	Each Payee			☐ Memo Item	Category/
	Mailing Address					Date Type
	City	State		Zip Code		M M / D D / Y Y Y Y
	Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:	Amount
	Aggregate General Election Expenditure for this Candidate ▶	7/		· · · · · · · ·		
SI	UBTOTAL of Expenditures This Page (opt	ional)				- 77
Т	OTAL This Period (last page this line num	ber only)				472 4 472

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

PAGE 1 OF 1

NAME OF COMMITTEE (in Full)	Indiana Chamber Congressi	onal Action Committ	ee		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.					
Methods of allocation:		•			
 FUNDRAISING activities are allo expenses must equal the federa 	cated using the "funds received met I proportion of monies raised.	hod" where the federal pr	oportion of		
where the federal proportion of on the tivity. For PACs Only: Direct can	JPPORT activities are allocated accordisbursements is based on the benefindidate support includes public commes, regardless of whether there is a remethod.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both		
ACTIVITY OR EVENT IDENTIFIER					
		FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised	didate Support Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER			·		
Notitive on Event is attituded.		FEDERAL %	NONFEDERAL %		
CHECK IF THE RATIO IS:	didate Support	%	%		
New Revised	Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %		
ACTIVITY IS:		FEDERAL 76	NONFEDERAL %		
Fundraising Direct Can	didate Support	%	%		
CHECK IF THE RATIO IS: New Revised	Same as Previously Reported		:		
ACTIVITY OR EVENT IDENTIFIER			-		
ACTIVITY IS:		FEDERAL %	NONFEDERAL %		
	didate Support	%	%		
CHECK IF THE RATIO IS:	aldate capport	70	 %		
New Revised	Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	 	CEDEDAL O	NONFEDERAL %		
ACTIVITY IS:		FEDERAL %	NONFEDERAL %		
Fundraising Direct Can	didate Support	%	%		
CHECK IF THE RATIO IS: New Revised	Same as Previously Reported		···-··		
ACTIVITY OR EVENT IDENTIFIER					
		FEDERAL %	NONFEDERAL %		
ACTIVITY IS:		 	 -		
Fundraising Direct Can	didate Support	%	%		
New Revised	Same as Previously Reported				
<u></u>					

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

PAGE	1	OF	1	
FOR I	LINE	18a OF	FORM	зх

NAME OF	COMMITTEE (In Full)		
	Indiana Chamber Congress	sional Action Committee	
NAME (OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<u> </u>			
	DOWN OF TRANSFER RECEIVED		
i) To	otal Administrative		7
	eneric Voter Drive		
", "	SHELL VOICE DIVE		
iii) Ex	cempt Activities		572
iv) Di	rect Fundraising (List Activity or Event Ide	ntifier)	
	• • • • • • • • • • • • • • • • • • • •		<u>_</u>
a)			
			,
b)			<u> </u>
c)	Total Amount Transferred For Direct Fundra	aising	
	rect Candidate Support (List Activity or Ev		<i></i>
" "	rect Candidate Support (List Activity of Li	ent identifier)	<u> </u>
a)		are	
·			- -
b)		<u> </u>	J
	Total Amount Transforred For Direct Condi	date Support	
',	Total Amount Transferred For Direct Candid	ate Support	
vi) Pu	ublic Communications Referring Only to	Party (Made by PAC)	
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED
			• • • • • •
TOTAL Th	is Period (Administrative)		25
TOTAL Th	is Period (Generic Voter Drive)		
IOIAL III	is Period (Generic Voter Drive)		
TOTAL Th	is Period (Exempt Activities)		272
TOTAL Th	is Period (Direct Fundraising)		}}
TOTAL TL	i- Davied (Direct Condidate Compart)		
I IOIAL IN	is Period (Direct Candidate Support)		
TOTAL Th	is Period (Public Communications Referring	Only to Party)	372
	·		
TOTAL Th	is Period (Total Amount Transferred)		

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
EOR II	NE	212 OF	FORM	3 Y

	Indiana Chamber Cong	03310116	/ 1011011 001	minecoo	
Α.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support
	Gity	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 Man / Date / Yayay	
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
	72 72 72 72 72 72 72 72 72 72 72 72 72 7		-7-1 · 7	****	275 275 275 275
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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
	Purpose of Disbursement:	<u></u>			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	77		-77-8-8-77-		
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address			·	Administrative Fundraising Exempt
	Mailing Addices				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	City Purpose of Disbursement:	State	Zip Code	[<u>-</u>	
		State	Zip Code	Cottonorul	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	State	Zip Code	Category/ Type	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	State +	Zip Code	Туре	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Activity or Event Identifier:			Туре	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
SI	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	+	NONFEDERAL	Туре	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
St	Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL	Type SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
SI	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFedera	+ I Activity Thi	NONFEDERAL 22	Type SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFedera	+ I Activity Thi	NONFEDERAL s Page NONFEDERAL	Type SHARE SHARE One of the state of the	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE OTAL This Period (last page for each line only)	+ I Activity Thi	NONFEDERAL s Page NONFEDERAL are to 21(a)(i) and	Type SHARE SHARE One of the state of the	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT

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)

45.05.00	UTTEE (In Early)		FOR LINE 18b OF FORM
	ITTEE (In Full) liana Chamber Congre	essional Action Comm	ittee
NAME OF ACC	OUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		W W / B B / Y	7.7.
BREAKDOWN	OF THIS TRANSFER		
•	eter Registration		TER REGISTRATION
10	tal Amount Transferred for Vote	r Registration	VOTER ID
ii) Vo To	iter ID tal Amount Transferred for Vote	r ID	
			GOTV
iii) G (To		V	
iv) Ge	eneric Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	_	eric Campaign Activity	
NAME OF ACC	OUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	•	Maw / 040 / A4	
BREAKDOWN	OF THIS TRANSFER		
	oter Registration		TER REGISTRATION
10	tal Amount Transferred for Vote	r Registration	VOTER ID
ii) Vo To	oter ID tal Amount Transferred for Vote	r ID	
iii) Ge	OTV		GOTV
		⁻V	
iv) G	eneric Campaign Activity		GENERIC CAMPAIGN ACTIVITY
То	tal Amount Transferred for Gene	eric Campaign Activity	
	TOTALS FOR BE	REAKDOWN OF TRANSFER R	ECEIVED (Last Page Only)
TOTAL T	his Period (Voter Registration)		4 - 272 - 4 - 272 - 4
TOTAL T	his Period (Voter ID)		
TOTAL T	his Period (GOTV)		
TOTAL T	his Period (Generic Campaign A	Activity)	

PAGE

OF

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 1 OF 1 FOR LINE 30a OF FORM 3X

NΑ	AME OF COMMITTEE (In Full) Indiana Ch	amber (Congressional A	Action Commit	ttee
	A. Full Name (Last, First, Middle Initia	l) / Full Orç	ganization Name	☐ Memo Item	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		7);
	Purpose of Disbursement .	<u>.</u>		Category/ Type	Date / G D / Y Y Y Y
	FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
					Turn of Allocated Activity of French
	B. Full Name (Last, First, Middle Initia	ıl) /ˌFull Orç	ganization Name	☐ Memo Item	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		7)
	Purpose of Disbursement			Category/ Type	Date
	FEDERAL SHARE		LEVIN	SHARE	TOTAL AMOUNT
	C. Full Name (Last, First, Middle Initia	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	Zip Code		7;
	Purpose of Disbursement			Category/ Type	Date Date
	FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
	<u> </u>				
SI	UBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity Th	•	SHARE	= TOTAL AMOUNT
			7		79 1 1 29 1 1 29
T	OTAL This Period (last page for each li	ne only)(Fe	deral share to 30(a)(i)	and Levin share to	30(a)(ii)) TOTAL AMOUNT
	774		LEVIN	SHARE	
T	OTAL This Period for the Levin Share			-13. 4. 4.3. A]

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	OF COMMITTEE (In Full)		
	Indiana Cha	amber Congressional Action Com	nmittee
NAMI	OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized		
	(Use Schedule L-A)		7): 4 - 7): 4 - 7): 4 - 7
	(b) Unitemized		
	(c) Total		77:-4-4-77:-4
2.	OTHER RECEIPTS	7 7	277 277
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		-1)
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		1,5 2
	(b) Voter ID	77	
	(c) GOTV		7): 4 - 2): 4 - 21:
	(d) Generic Campaign	7)2	7)2
	(e) Total		2)2
5.	OTHER DISBURSEMENTS	7	7)2 7)2
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	37	7)5
, 7 .	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		2)2 4 2/2 4 2/2
8.	RECEIPTS		275 275 275
9.	SUBTOTAL(Add Lines 7 and 8)	-77:	77-
10.	DISBURSEMENTS		372
11.	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: 1a

Indiana Chamber Congressional Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Mailing Address Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period		Ag	gregation Page	(check only one)			
Indiana Chamber Congressional Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Vear-to-Date	Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be so me and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City	NAME OF COMMITTEE (In Full)						
Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date	Indiana Chamber Congressional Action Committee						
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Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	0)	Amount of Each Receipt this Period					
Aggregate Year-to-Date Cocupation (for Individual)	City	State	Zip Code				
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City State Zip Code Aggregate Year-to-Date Aggregate Year-to-Date	3.	or ruit Organization	Memo Rem	Man / Deb / Year			
City State Zip Code Aggregate Year-to-Date Aggregate Year-to-Date							
Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Full Name of Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt this Period Aggregate Year-to-Date Date of Receipt Mailing Address City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Occupation (for Individual) Aggregate Year-to-Date Date of Receipt this Period Aggregate Year-to-Date Date of Receipt This Period Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt This Period Aggregate Year-to-Date Date of Receipt This Period Amount of Each Receipt This Period Aggregate Year-to-Date Date of Receipt This Period Aggregate Year-to-Date Date of Receipt This Period Aggregate Year-to-Date Date of Receipt This Period Date	Mailing Address						
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Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Amount of Each Receipt this Period					
Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	City	State	Zip Code				
Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)			433			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	rame of Employor (to Intimetally	Aggregate Year-to-Date					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	Occupation (for Individual)						
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)							
City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	Full Name of Individual (Last, First, Middle Initial)	or Full Organization	Name Memo Item	Date of Receipt			
City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	·						
City State Zip Code Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	Mailing Address	Mailing Address					
Name of Employer (for Individual) Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	City	State	Zin Code	Amount of Each Receipt this Period			
Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	,	Julie	Lip Code				
Occupation (for Individual) UBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)	493 4 493 4 493					
UBTOTAL of Receipts This Page (optional)	Occupation (for Individual)	locunation (for Individual)					
	Cocupation (for individual)			413			
	SUBTOTAL of Receipts This Page (optional)	•••••					
OTAL This Period (last page this line number only)	3. (
	TOTAL This Period (last page this line number only)	·····	4.49.1.49.1.49.			

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

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

FOR LINE NUMB	ER: LPAC	3E 1	OF 1
(check only one)		4c	5
	4b	4d	

OF LEVIN FUNDS		Aggregation Page	4a 4c 5 4b 4d		
	ny information copied from such Reports and Sta for commercial purposes, other than using the n				
$\overline{\ }$	NAME OF COMMITTEE (In Full)			,	
/	Indiana Chamber Congressional Action Committee				
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement				
В.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement		-I.	77-1-77	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement	•	1	772	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address	M M / D O / V V V V V			
	City	State	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement			432 4 422 4	
Ε.	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period	
	Purpose of Disbursement	1		4,2	
S	SUBTOTAL of Disbursements This Page (optional)		45 45 45	
7	OTAL This Period (last page this line number or	ly)			



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