

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2021 JUL 29 AM 8:29

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street)

115 WEST WASHINGTON STREET, SUITE 850S

Check if different than previously reported. (ACC)

INDIANAPOLIS

IN

46204

2. FEC IDENTIFICATION NUMBER ▼

C 00405597

CITY ▲

STATE ▲

ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

01 / 01 / 2021 through 06 / 30 / 2021

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

Jeff Brantley

Date

07 / 21 / 2021

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

Office Use Only

FEC FORM 3X
Rev. 05/2016

NON-PROFIT CORPORATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period

From:

MM / DD / YYYY
01 / 01 / 2021

To:

MM / DD / YYYY
06 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		9,136.90
(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).....	25.00	25.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,111.90	9,111.90
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

NON-FEDERAL CAMPAIGN COMMITTEE

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2021

To:

MM / DD / YYYY
06 / 30 / 2021

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 INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	25.00	25.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25.00	25.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add 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)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	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))	25.00	25.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	25.00

NON-FEDERAL CAMPAIGN CONTRIBUTION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17				

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

NONCONFIDENTIAL

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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

**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)					PAGE 1 OF 1
	<input type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 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

Full Name (Last, First, Middle Initial) A. J.P. Morgan Chase			Date of Disbursement 01 / 01 / 2021		
Mailing Address 1 E. Ohio Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period \$25.00		
Purpose of Disbursement Account analysis charge		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			FEC Identification Number		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address			FEC Identification Number		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

NON-FUNCTIONAL DOCUMENT

**SCHEDULE C (FEC Form 3X)
LOANS**

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

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

NON-PROFIT CORPORATION

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan		Interest Rate (APR)	
Mailing Address		Date Incurred or Established		Date Due	
City	State	Zip Code	Date Incurred or Established		Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred		
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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). Date account established: _____			Location of account. 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 _____	
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 _____	
Title					

2011-07-01 09:00 AM

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

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

Check if 24-hour report 48-hour report New report Amends report filed on:

Full Name of Payee: _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination: <input type="text" value="MM/ DD/ YYYY"/>
Mailing Address: _____	Amount: <input type="text" value="999,999.00"/>
City: _____ State: _____ Zip Code: _____	Date of Disbursement or Obligation: <input type="text" value="MM/ DD/ YYYY"/>
Purpose of Expenditure: _____ Category/Type: <input type="text"/>	
Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought: <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee: _____ <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination: <input type="text" value="MM/ DD/ YYYY"/>
Mailing Address: _____	Amount: <input type="text" value="999,999.00"/>
City: _____ State: _____ Zip Code: _____	Date of Disbursement or Obligation: <input type="text" value="MM/ DD/ YYYY"/>
Purpose of Expenditure: _____ Category/Type: <input type="text"/>	
Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought: <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text" value="999,999.00"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text" value="999,999.00"/>
(a) TOTAL Independent Expenditures	<input type="text" value="999,999.00"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

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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%; height: 20px;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y						
City	State	Zip Code		Amount				
Name of Federal Candidate Supported	Office Sought:	House	State:	<table border="1" style="width:100%; height: 20px;"> <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>	
.						
		Senate	District:					
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; height: 20px;"> <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%; height: 20px;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y						
City	State	Zip Code		Amount				
Name of Federal Candidate Supported	Office Sought:	House	State:	<table border="1" style="width:100%; height: 20px;"> <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>	
.						
		Senate	District:					
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; height: 20px;"> <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%; height: 20px;"> <tr> <td style="width:33%; text-align:center;">M M M</td> <td style="width:33%; text-align:center;">D D D</td> <td style="width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y						
City	State	Zip Code		Amount				
Name of Federal Candidate Supported	Office Sought:	House	State:	<table border="1" style="width:100%; height: 20px;"> <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>	
.						
		Senate	District:					
		Presidential						
Aggregate General Election Expenditure for this Candidate ▶		<table border="1" style="width:100%; height: 20px;"> <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>			
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SUBTOTAL of Expenditures This Page (optional).....▶		<table border="1" style="width:100%; height: 20px;"> <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>			
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TOTAL This Period (last page this line number only).....▶		<table border="1" style="width:100%; height: 20px;"> <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>			
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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

NON-FEDERAL AND NON-STATE FUNDS

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.

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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input 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 type="text"/> %	NONFEDERAL % <input type="text"/> %

2017 RELEASE UNDER E.O. 13526

**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
	MM / DD / YYYY	

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)	

COMMISSION ON FEDERAL CAMPAIGN FINANCING

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: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

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: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

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: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

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

2025 RELEASE UNDER E.O. 14176

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
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

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

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

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

iv) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY
 Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

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

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

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

iv) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY
 Total Amount Transferred for 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).....

NON-PROFIT CORPORATION

**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					
City	State	Zip Code	<input type="checkbox"/> Category/Type		
Purpose of Disbursement				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
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					
City	State	Zip Code	<input type="checkbox"/> Category/Type		
Purpose of Disbursement				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
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					
City	State	Zip Code	<input type="checkbox"/> Category/Type		
Purpose of Disbursement				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
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"/>		

NON DISBURSEMENT INFORMATION

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

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

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

UNIVERSITY MICROFILMS

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE 1 OF 1 FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2
--	---

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

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

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer (for Individual)</p> <p>Occupation (for Individual)</p>	<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>	<p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>

20160505 10:00:00 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

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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

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

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

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

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

Amount of Each Disbursement this Period

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

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

2021-07-06 10:00 AM

400

FedEx US Airbill

Tracking Number

8663 5400 8830

0215

Recipients Copy

888

fedex.com 1.800.GoFedEx 1.800.463.3339

RECIPIENT: FEEL HERE

1 From This portion can be removed for Recipient's records.

Date 7-21-21 FedEx Tracking Number 866354008830

Sender's Name M. J. ... Phone 317 264-3110

Company INDIANA STATE CHAMBER OF COM

Address 115 W WASHINGTON ST

City INDIANAPOLIS State IN ZIP 46204-3420

2 Your Internal Billing Reference

To Recipient's Name FIL Phone 219 461-1100

Company ...

Recipients Address 1500 E. ...

Address ...

City ... State IL ZIP 20002

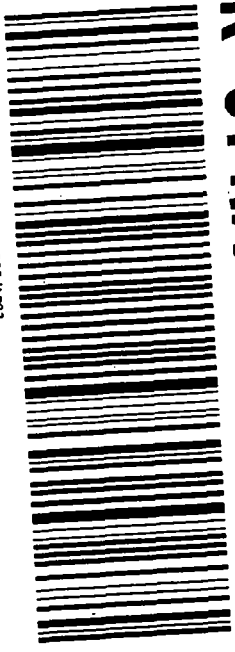
0384841716

FedEx 8663 5400 8830

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20002 DC-US IAD

MON - 26 JUL AA EXPRESS SAVER



512853 21Jul2021 NZZA SACC2 10265/1023

NON TON MO ON CONTONING

4a Express Package Service

FedEx Priority Overnight FedEx Standard Overnight

FedEx 2Day FedEx Express Saver

FedEx 1Day Freight FedEx 2Day Freight

FedEx FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling SATURDAY Delivery HOLD Saturday

7 Payment Biller Sender Recipient Third Party Credit Card Cash/Check

8 Residential Delivery Signature Options No Signature Direct Signature Indirect Signature

Weight and dimensions section with a large barcode and 'Total Packages' label.

Delivery label with 'RT 723', 'FZ', and '6 16:30' markings.

RECEIVED FEC MAIL CENTER 2021 JUL 29 AM 8:29

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEX</i>	Shipping Date <i>7/26/21</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

102 PREPARER *7/30/21* DATE PREPARED

NON-FEDERAL CAMPAIGN CONTRIBUTION