

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 APR 12 AM 9:45  
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 W WASHINGTON ST SUITE 850 S

Check if different than previously reported. (ACC)

INDIANAPOLIS IN 46204

2. **FEC IDENTIFICATION NUMBER** ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00405597

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 MM / DD / YYYYYY in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYYYY in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2018 through 03 / 31 / 2018

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 MM / DD / YYYYYY

04 / 10 / 2018

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

20180412 12:01:00 PM

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

*Indiana Chamber Congressional Action Committee*

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="2018"/>	<input type="text" value="14,251.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14,251.90"/>	<input type="text" value="14,251.90"/>
(c) Total Receipts (from Line 19) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="14,251.90"/>	<input type="text" value="14,251.90"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="14,251.90"/>	<input type="text" value="14,251.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	<input type="text" value="0"/>

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

20180331 14:25:19

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*Indiana Chamber Congressional Action Committee*

Report Covering the Period: From:

**MM** / **DD** / **YYYY**  
01 / 01 / 2018

To:

**MM** / **DD** / **YYYY**  
03 / 31 / 2018

**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).....

.....  $\emptyset$

.....  $\emptyset$

(ii) Unitemized .....

.....  $\emptyset$

.....  $\emptyset$

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

.....  $\emptyset$

.....  $\emptyset$

(b) Political Party Committees .....

.....  $\emptyset$

.....  $\emptyset$

(c) Other Political Committees (such as PACs).....

.....  $\emptyset$

.....  $\emptyset$

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

.....  $\emptyset$

.....  $\emptyset$

12. Transfers From Affiliated/Other Party Committees.....

.....  $\emptyset$

.....  $\emptyset$

13. All Loans Received .....

.....  $\emptyset$

.....  $\emptyset$

14. Loan Repayments Received.....

.....  $\emptyset$

.....  $\emptyset$

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

.....  $\emptyset$

.....  $\emptyset$

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

.....  $\emptyset$

.....  $\emptyset$

17. Other Federal Receipts (Dividends, Interest, etc.).....

.....  $\emptyset$

.....  $\emptyset$

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

.....  $\emptyset$

.....  $\emptyset$

(b) Levin Funds (from Schedule H5) .....

.....  $\emptyset$

.....  $\emptyset$

(c) Total Transfers (add 18(a) and 18(b))..

.....  $\emptyset$

.....  $\emptyset$

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

.....  $\emptyset$

.....  $\emptyset$

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

.....  $\emptyset$

.....  $\emptyset$

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**










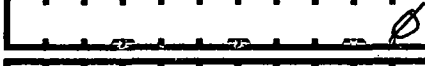
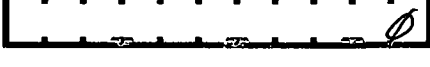
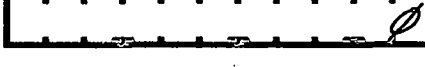
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) Non-Federal Share .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Other Federal Operating Expenditures .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
22. Transfers to Affiliated/Other Party Committees .....	<input type="text" value="0"/>	<input type="text" value="0"/>
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	<input type="text" value="0"/>	<input type="text" value="0"/>
24. Independent Expenditures (use Schedule E) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
26. Loan Repayments Made .....	<input type="text" value="0"/>	<input type="text" value="0"/>
27. Loans Made .....	<input type="text" value="0"/>	<input type="text" value="0"/>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Political Party Committees .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Other Political Committees (such as PACs) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
29. Other Disbursements (Including Non-Federal Donations) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) "Levin" Share .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Federal Election Activity Paid Entirely With Federal Funds .....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	<input type="text" value="0"/>	<input type="text" value="0"/>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	<input type="text" value="0"/>	<input type="text" value="0"/>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	<input type="text" value="0"/>	<input type="text" value="0"/>

NON-FEDERAL DONATIONS

### 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) .....		
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 (subtract Line 37 from Line 36) .....		

1234567891011121314151617181920212223242526272829303132333435363738394041424344454647484950

**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	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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 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  
M M / D D / Y Y Y Y Y Y

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  
M M / D D / Y Y Y Y Y Y

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  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

20180412 00000000000000000000

**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 / OF /

21b  22  23  26  27  
 28a  28b  28c  29  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.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2018-04-11 10:00 AM

**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	

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="text"/>	<input type="text"/> % (apr)	<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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> 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.	

2016 RELEASE 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 \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER <b>C</b> <i>00405597</i>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  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?  
 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
---	------

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	

20160501 10:40:00 AM

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

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

PAGE 1 OF 1  
 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

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor \_\_\_\_\_ Nature of Debt (Purpose): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor \_\_\_\_\_ Nature of Debt (Purpose): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

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

2018-04-12 10:00 AM

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

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>		FEC IDENTIFICATION NUMBER <b>C</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report    Amends report filed on	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y

20180412 01:00:00

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		Date of Disbursement or Obligation
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		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
Mailing Address		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		Date of Disbursement or Obligation
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
(c) TOTAL Independent Expenditures .....	▶	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y

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  M  M /  D  D /  Y  Y  Y  Y

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE ( ) OF ( )  
FOR LINE 25 OF FORM 3X

(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?  
 YES  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  Memo Item Purpose of Expenditure  Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Date  /  /

Amount

Full Name (Last, First, Middle Initial) of Each Payee  Memo Item Purpose of Expenditure  Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Date  /  /

Amount

Full Name (Last, First, Middle Initial) of Each Payee  Memo Item Purpose of Expenditure  Category/Type

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Date  /  /

Amount

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

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

20180101 IN CM CONVENTION

**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

20180414 10:00 AM

**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.

20160510 10:40:11 AM

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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER _____ 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER _____ 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER _____ 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER _____ 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	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER _____ 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	[ ] %	[ ] %

**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).....

\_\_\_\_\_

2018-04-12 PM 00:00:00

**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:

Mailing Address

City State Zip Code

Purpose of Disbursement:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

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:

Mailing Address

City State Zip Code

Purpose of Disbursement:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

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:

Mailing Address

City State Zip Code

Purpose of Disbursement:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

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

20160508 10:40:10 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)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)

*Indiana Chamber Congressional Action Committee*

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**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

MM / DD / YYYY
----------------

--

**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).....

--

20160508 10:12:40 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  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D D / Y Y Y Y Y Y Y Y  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

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

**SUBTOTAL of Shared Federal and Levin Activity This Page**  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  
**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  
**TOTAL This Period for the Levin Share**

2018-04-11 09:00:00

**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)

2018-04-12 09:00:00

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

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

PAGE | OF |

FOR LINE NUMBER:  
 (check only one)  1a  2

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NAME OF COMMITTEE (In Full)

*Indiana Chamber Congressional Action Committee*

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

2018-04-12 09:00:00

**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 ( OF )  
(check only)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)

*Indians Chamber Congressional Action Committee*

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

**A.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

-----

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

**B.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

-----

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

**C.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

-----

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

**D.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

-----

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Memo Item

**E.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

-----

Purpose of Disbursement

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

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

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20160412 10:00 AM

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INDIANAPOLIS, IN 46204  
UNITED STATES US

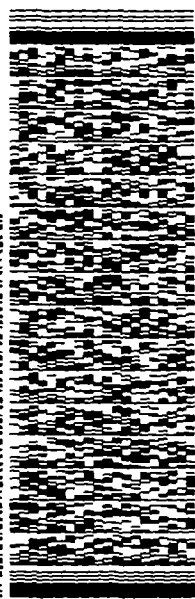
TO **FEC**

**FEDERAL ELECTION COMMISSION**  
1050 1ST ST NE

**WASHINGTON DC 20002**

REF: (202) 684-1000

DEPT:



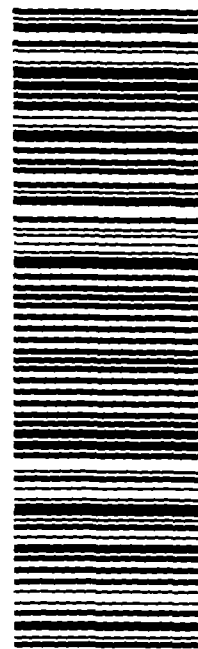
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>4/10/18</i>
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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*zlf*  
 PREPARER  
 (3/2015)

*4/12/18*  
 DATE PREPARED

20180412 09:00:00