								1. A.	••	
FE FORM	-	AND	DRT O DISBI r Than An	JRSE	MENT	S			JUL 26	IVED CENTER PM12:47
1. NAME C COMMIT	DF ITEE (in full)	TYPE OR	PRINT V		ample: If typ er the lines.	bing, type	12FE4	M5		
$[I_1N_2P_1I_1]$	$A_{1}N_{1}A_{1}C_{1}H$	AMBE	<u> R C 0</u>	NIGIKIEI	5 5 1 0	VIALL K	161711	0;N		
KIOMINI	ITITIELE									
ADDRESS (r	number and street)	11/15		AISIHIII	V1617101	NISITI	ית איד	1 T É	81510	S
that	eck if different n previously prted. (ACC)	1 . <i>N</i> . <i>P</i>		P ₁ O ₁ L ₁ 1	<u> </u>	<u> </u>	<u>[1_</u>]	41612	<u> </u>	
2. FEC ID	ENTIFICATION	NUMBER V	,				STATE 🔺			DE 🔺
Co	0.40.5.5	9.7		3. IS THIS REPORT		NEW (N) OR	D	AMENDED (A)		
(Choose (a) Qua	OF REPORT One) arterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(Q1) (C) (Q2)	12-Day PRE-Electio Report for t			· 6.		ug 20 (M8) ep 20 (M9) oct 20 (M10) ral (12G) al (12S)	D D D	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
	January 31 Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Repo (TER)	tion (d)	30-Day POST -Elect Report for t		General (30			f (30R)	State of	Special (30S)
-	Period		and to the be $\mathcal{H} \mathcal{B}_{r}$		-	belief it is tru) / ເອັງອີງ ue, correct	and complet	7	
Signature of		Jun!	3cm	1¢			Date		<u></u> '	2017
Off U	lice se							FEC	FORI ev. 05/20	M 3X

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Γ	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Nrite or Type Committee Name		
_	Indiana Chamber (a	ingressional Action Com	mittee
F	Report Covering the Period: From:	() () () (2,0) (7) T	0: 0.6 7 3.0 7 2.0 (.7)
	· · · · · · · · · · · · · · · · · · ·	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		<u> </u>
	(b) Cash on Hand at Beginning of Reporting Period	1.3.291.90	
	(c) Total Receipts (from Line 19)	1,000,00	1_0_0_0_00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	<u></u>	1.4.2.9.1.9.0
7.	Total Disbursements (from Line 31)	2000	20.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>ly27,1,9,0</u>	14,27,1,9,0
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	() () () () () () () () () ()	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	(4

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

Γ		DETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
W	Trite or Type Committee Name	ingressional Action Com	nittee
R	eport Covering the Period: From:		06 30 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15. 16.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	(c) Total Transfers (add 18(a) and 18(b))	Land market and the second sec	Lange W
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1,000,00	1,000,000
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	1,000,00	1 8 0 0 00

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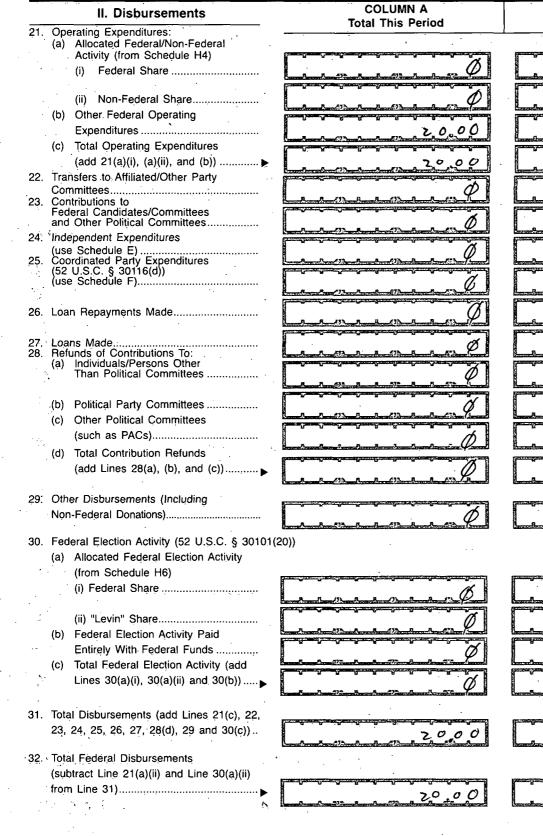
· -

DETAILED SUMMARY PAGE

of Disbursements

COLUMN B Calendar Year-to-Date

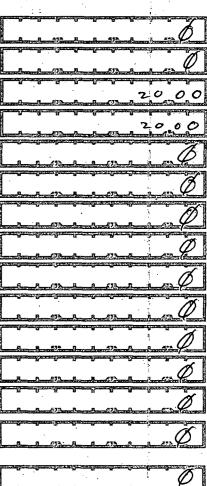
Page 4

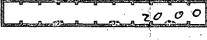


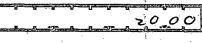
FEC Form 3X (Rev. 05/2016)

2017

07-26-03-00167388







COLUMN A	
Total This Period	COLUMN B Calendar Year-to-Date
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<i>I</i>	P
	100000
2000	2000
Ø	ß
20.60	20.00

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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF						
, , ,	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS	for each category of the	11a 11b 11c 12						
	Detailed Summary Page							
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)								
Indiana Chamber	Congressional Action	Committee						
Full Name of Individual (Last, First, Middle Ini A. D: Cal Burlesoy	tial) or Full Organization Name	Date of Receipt						
Mailing Address [4007 London Rd.		01202017						
City Fisheres	State Zip Code DN 46037	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	25000						
Name of Employer (for Individual)	Occupation (for Individual)							
<u>Indianapolis</u> Indians Receipt For:	Aggregate Year-to-Date ▼	_						
Primary X General Other (specify) ▼	Primary X General							
Full Name of Individual (Last, First, Middle Ini B. Christopher Crean	tial) or Full Organization Name	Date of Receipt						
Mailing Address 15110 Rollinmend Prive		0524 2017						
City Darnestorn	State Zip Code M/ 20878	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	21000						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Zimmer Bronet Receipt For:	Aggregate Year-to-Date ▼	-						
Primary X General Other (specify) ▼	Δ. Δ							
Full Name of Individual (Last, First, Middle Ini C. William W. Barrett	tial) or Full Organization Name	Date of Receipt						
Mailing Address 210 Adrienne Prive		062312017						
City Greenwood	State Zip Code IN 46/42	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		5000						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Y Primary General Other (specify)	50000							
SUBTOTAL of Receipts This Page (optional)	·····	1,0,0,00						
TOTAL This Period (last page this line number	only)	1,000,00						

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SCHEDULE C (FEC Form 3X) LOANS

OANS		•		Use separate sch for each category	of the	PAGE 1	OF
NAME OF COMMITTEE (In Fu				Detailed Summar	y Page	FOR LINE	13 OF FORM 3X
	11)					L.	
LOAN SOURCE Full Name	e (Last, First, Mi	ddle Initial)		Mem	o Item El	ection:	1
•						Primary General	
Mailing Address						Other (specify	1) 🔻
City		State	ZIP Coo	le			
Original Amount of Loan		Cumulative Pa	ayment To	Date	Balance	Outstanding at	Close of This Period
						-n-	<u>, , , , , , , , , , , , , , , , , , , </u>
TERMS Date Incurred	d Y Y Y Y Y Y	M-2-M-1 / D-2-1	Date Due		st Pate	% (apr)	Secured:
List All Endorsers or Guar	antors (if anv) i	o Loan Source					
1. Full Name (Last, First, M	and the second of the second se			Name of Employer			
Mailing Address				Occupation	<u>,</u>	· ·	3
City	State	ZIP Code	. /	Amount Guaranteed Outstanding:		2	A
2. Full Name (Last, First, M	iddle Initial)		/	Name of Employer			- · · · · ·
Mailing Address	·	/		Occupation	·	· · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Cøde		Amount Guaranteed Outstanding:		y	
3. Full Name (Last, First, M	iddle Initial)	/ .		Name of Employer		· · · ·	· · · · ·
Mailing Address	/	/	.	Occupation		<u> </u>	- <u> </u>
City	State	ZIP Code		Amount Guaranteed Outstanding:			Commercial Concession
4. Full Name (Last, First, M	iddle Initial)			Name of Employer			· · · · · · · · · · · · · · · · · · ·
Mailing Address	/			Occupation	-		
City	State	ZIP Code		Amount Guaranteed Outstanding:			
SUBTOTALS This Period This	Page (optional)	· · · · ·		······ •			,
TOTALS This Period (last page	e in this line only	/)			L		
Carry outstanding balance onl	ly to LINE 3, Sci	nedule D, for th	is line. If n	o Schedule D, car	ry forward	to appropriate	e line of Summary.

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 23 26 27
·		28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or used ne and address of any political	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Indiana (42mbo-	ongressional He	ction Comittee
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 101 W. Weshington Street		
City Indiana Polis	State Zip Code IN 46204	FEC Identification Number
Purpose of Disbursement Banking Scruice Change Candidate Name		Category/ Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	
State: District:	Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		
Candidate Name	C	Category/ Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	
State: District:		Memo Item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		
Candidate Name	Category/ Amount of Each Disbursement this Period	
Office Sought: House Disburser	nent For: Primary General	
State: District:	Other (specify) v	Memo Item
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	·····	

SCHEDULE C–1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM I	LENDING INSTITUTION	Supplementary for Information found on Page of Schedule
ederal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBE
Indiana Chamber Congressiona	1 Action Commission	C 00 4 0 5 5 9 7
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
	5 5	* * *
Mailing Address		M M / D D' / Y Y Y
	Date Incurred or Established	1
City State Zip Code	Date Due	y M. M. M. Y. Y. Din D. y / y Y.
A. Has loan been restructured?	If yes, date originally incurre	ed
B. If line of credit, Amount of this Draw:	Outstanding	n an an an an garaga agus gu anna an garagan an Baranna an
C. Are other parties secondarily liable for the debt inc	urred? must be reported on Schedule C.)
property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or ot		Does the lender have a perfected securi
E. Are any future contributions or future receipts of int collateral for the loan? No Yes If yes	erest income, pledged as s, specify:	What is the estimated value?
A depository account must be established pursuant	Location of account:	<u></u>
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:	
Date account established:		
ter and a second second second second second second	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this lo		
G. COMMITTEE TREASURER		DATE
Typed Name		MICM V D PD V V V V V
Signature		
H. Attach a signed copy of the loan agreement.		······································
 TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowers This institution is aware of the requirement th complied with the requirements set forth at 1 	e terms of the loan and other infor (including interest rate) no more f s of comparable credit worthiness. hat a loan must be made on a bas	favorable at the time than those imposed f sis which assures repayment, and has king this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	
	L	

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SCHEDULE D (FEC For	m 3X)	(1100.000	PAC	SE OF
DEBTS AND OBLIGATIO	•	(Use sep schedul	e(s) FOR LINE N	
Excluding Loans		for eac numbered		ne) 9
NAME OF, COMMITTEE (In Full)		I		
Endiana Chamber	Congressional Action Co	··· •• - •		
A. Full Name (Last, First, Middle	Initial) of Debtor or Creditor	Natu	ire of Debt (Purpose):	
Mailing Address				
	······			
City State	Zip Code			
Outstanding Balance Beginning	This Period			
Amount Incurred This Pe		od Ou	Itstanding Balance at C	lose of This Period
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han of the second start of the second second start of the second s	n Standard Charles and Standard and the second states of the second states of the second states of the second s	e desenvert het en	. a.k. – talie, st Thu, pline – Singer 19	และสัน เอรซิเมชน์ไว้เวรามีเรรา ไ
B. Full Name (Last, First, Middle II	nitial) of Debtor or Creditor	Natu	re of Debt (Purpose):	
				-
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning		,,I,	<u> </u>	
ร้างของสามหนึ่งการจะสามหาร์ การจะจะจะจะจะจะจะจะจะจะจะจะจะจะจะจะจะจะจะ	e Andrea (Martin 1997) - Andrea (Martin 1997) - Andrea (Martin 1997) - Andrea (Martin 1997) - Andrea (Martin 19			
Amount Incurred This Pe		d. Ou	itstanding Balance at C	lose of This Period
ราสมหรัฐ สารการ สมหรัฐมารสมุทศพ.ศ. (ภาพมหรัฐสมหรัฐ 1			anite on other an interest of the second	na izana za kata na kat Na kata na kata
Van aller selfened t te spekener bis weething were strees wit	is different and $\hat{b} = \hat{F}$ is descentioned the observation of b with b	and a state of the second s	e - Connette an LAdramach, marchanach Ur	regelier weeken zielen er i son alt.
C. Full Name (Last, First, Middle	Initial) of Debtor or Creditor	Natu	re of Debt (Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning	This Period	<u>_</u>		
Amount Incurred This Pe	eriod Payment This Period		tstanding Balance at C	
ji Marijata sebenati sasta artika satikana ta	e al Maria a Bara Bara Bara Maria	erie Altreatureat data	าประเทศการณ์สีริการศึกษาสีริก	มาเริ่มของวิทศกลีรีโองเปลี่ยม /
1) SUBTOTALS This Period This Pa	age (optional)		a S. tavéh autikonszis autikasztás ange autojae zytyszegi messiszenegyi anilan aliszanikasztelőszen keszeles	
2) TOTALS This Period (last page th	his line number only)		alar di salita di santanilari	anto-reference a contra
3) TOTAL OUTSTANDING LOANS f	from Schedule C (last page only)		ani analizatingkangkan kanalisatingka na ang ang ang ang ang ang ang ang ang a	entre en
4) ADD 2) and 3) and carry forward	to appropriate line of Summary Page (last page	age only)	- transfer to the strength of the	

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Actio	* Committee	FEC IDENTIFICATION NUMBER ▼ COO405597
Check if 24-hour report 48-hour report New	report 🔲 Amends report 1	iiled on the second
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	ม เมษา นักษณฑิตระสารการการการการการการการการการการการการกา
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support C	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought		bisbursement For: Primary General Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		້ ໂດຍກາລິເອນນະໄ ໂດຍມະລິດແມ່ນ ໂດຍມະເລີດແມ່ນມີກະນະ ໂດຍມະນີ Amount ງາກ ແລະການການເປັນຫຼາຍ ແລະການການການການການການການການການການການການການກ
City State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ E Type	We with the party on the provent of
Name of Federal Candidate	Support C	Office Sought: House District:
Calendar Year-To-Date Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		ราย และสิ่งหลางผู้แห่งหรือ เราะสายเป็นการสราย สามารณาสาย เป็นการ เราะ ในการสราย เกาะสายเป็นการสรายสายเสียงเหลือการสรายการสรายการสรายการ ในการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการสายการ
(b) SUBTOTAL of Uniternized Independent Expenditures	 	ามากรายสายเหตุการสังการสายสายสายสายสายสายสายสายสายสายสาย
(c) TOTAL Independent Expenditures	······	รายการการการการการการการการการการการการการก
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Signature	Date	Antonia (Construction Construction and a second

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FEC Schedule E (Form 3X) Rev. 09/2013

CHEDULE F (FEC Form 3	X)					
EMIZED COORDINATED PAR	TY EXPEN	DITURES M	ADE BY			
DLITICAL PARTY COMMITTE						<u> </u>
N BEHALF OF CANDIDATES	FOR FEDE	ERAL OFFIC	E		PAGE	OF
U.S.C. §441a(d))	be used only i	by Political Com	nittees in the G	ieneral Election)	FOR LINE	25 OF FORM 3X
AME OF COMMITTEE (In Full)					-L	<u></u>
T I I I I	<i>(</i>	, <i>M</i>				
Lindiana Chamber C	Ungrass	iong Ho	iting Lon	mirtec		
as your committee been designated to ma		Full Name of Sub	ordinate Committ	lee		
ordinated expenditures by a political party	/ committee?					
YES, name the designating committee:		Mailing Address				
		..				
	न	City		Sta	ate ZIF	Code
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	1941 Mg M. & Sharing 3
· ·						and the second
						Category/
Mailing Address				Date		Туре
City	State	Zip Code			ີວ່ວ;//໌Υິ	Y Y Y
				L 2	na in an	States of Alightman
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		
	1	Senate	District:			เลิร แล้วโลย เป็นสารที่เสราว่
	L	Presidential		- Construction	ري. ويروي و بروايين و روي و روي و روي	the crustic antonial
Aggregate deneral Liection	an in Africa Indiana	ang a pro-strip si				
Expenditure for this Candidate	and or issues	an a the standard s				
Full Name (Last, First, Middle Initial) of	Each Pavee	·······	······	Purpose of Exp	enditure	ganajamagnasag
	Euch r uyee					
						Category/
Mailing Address						Type
				Date	enalitado dos	a sa fa Maria a ta sa
City	State	Zip Code		3 9 9	0″ * 0 * 1 (; ¥* 5 ģ	·«·Υ / Υ ' ' Υ ζ
Name of Federal Candidate Supported	Office Sought:	House	(State:	An Lower Co	Aller de Berne	tourstanes and
		Senate	District:	Amount	- Martin Martin	ana ana ma
	1	Presidential				
Aggregate General Election	ورخور بدر مراجع ويعامون بعراري		e state ta f	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	 Section Contract 	ป้ามาข้าวระไว้ปี 1 รากี มะบานี้
Europeantitudes des albies Consistentes IN 1971	and a subscription of the	ant, and Sheers toward, and	a sa			
				Purpose of Exp	ondituro	
Full Name (Last, First, Middle Initial) of	Each Payee				enditate	a Normelian di anti-or-or
				1		i samanja pri Ostanovi
Mailing Address						Category/ Type
				Date		
City	State	Zip Code		AN M /	b. 'b` / ' Ÿ	°γ÷γ≤γrj
				ىلى ئىدورى بەتتىمان ئۇ	antanat kana	and standardies
Name of Federal Candidate Supported	Office Sought:	House	State:	- Amount		
		Senate	District:	<u> </u>	1996 1977 Pro-	ې مېرو، خو معنور درې
·····		Presidential	<u> </u>	- the second	an Turnet an Ol tran	na stran tit se state state Transistation state st
Aggregate General Election	and the second	atter eller energie wie				
Expenditure for this Candidate	er hanne sin Alandase	and a state of the second second second	sectored.	1		
L <u></u>						
UBTOTAL of Expenditures This Page (op		· · ·		1.2. 4030 W.R. (112 W.g.)	الاقادمين والجاري بالتشرين	A CONTRACTOR OF A CONTRACT
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FEC Schedule F (Form 3X) Rev. 02/2009

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)
Indian 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
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal
This ratio applies to (check all that apply):

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Fall) Tudiqua (unaber Congressional Action	Committee	· · · · · · · · · · · · · · · · · · ·
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID/ ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received me" expenses must equal the federal proportion of monies raised. 	thod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cand munications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
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ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Image: Structure I	FEDERAL %	NONFEDERAL %

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

			FOR LINE 18a OF FORM 3>
	OF COMMITTEE (In Full)		
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iv)	Direct Fundraising (List Activity or Even	t Identifier)	
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v)	Direct Candidate Support (List Activity of	or Event Identifier)	
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FEC Schedule H3 (Form 3X) Rev. 12/2004

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SC	HEDULE H4 (FEC Form 3X)		
	SBURSEMENTS FOR ALLOCATED DERAL/NONFEDERAL ACTIVITY		PAGE OF
NA	ME OF COMMITTEE (In Full)		FOR LINE 21a OF FORM 3>
7		a Committ	4.0.0
ł A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
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-	City State Zip Code		Public Comm (ref to party only) by PAC
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE OF (To be used by State, District and Local Party Committees Only) FOR LINE 18b OF FORM 3> NAME OF COMMITTEE (In Full) Longrassion criou Long 1649 NAME OF ACCOUNT OF RECEIP TOTAL AMOUNT TRANSFERRED 1.4 D n . ; ; BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration..... VOTER ID ii) Voter ID Total Amount Transferred for Voter ID GOTV iii) GOTV Total Amount Transferred for GOTV Sty And the Root Same GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED D. ΰ BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION -i) Voter Registration Total Amount Transferred for Voter Registration..... л.¹ VOTER ID ii) Voter ID Total Amount Transferred for Voter ID GOTV iii) GOTV Total Amount Transferred for GOTV GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity and the stand of the stand TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registration)..... TOTAL This Period (Voter ID)

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FEC Schedule H5 (Form 3X) Rev. 02/2003

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	(OF	1	
FOR LIN	VE 30a	OFF	ORM 3X	

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Purpose of Disbursement	Category/ Type	Date
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B. Full Name (Last; First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
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FEC Schedule H6 (Form 3X) Rev. 02/2003

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

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SCHEDULE L-A (FEC Form 3X)		PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the	
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Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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SCHEDULE L-B (FEC F ITEMIZED DISBURSEMEN OF LEVIN FUNDS	,	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE / OF / (check only one) 4a 4b 4c
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