

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 JUL 26 PM 12:47
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) 1115 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 / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

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

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 Jett Brantley

Signature of Treasurer *Jett Brantley* Date MM / DD / YYYY

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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

2017-07-26 12:47 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:

01 / 01 / 2017

To:

06 / 30 / 2017

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/> 2017 | | <input type="text" value="13,291.90"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="13,291.90"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="1,000.00"/> | <input type="text" value="1,000.00"/> |
| (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="14,291.90"/> | <input type="text" value="14,291.90"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="20.00"/> | <input type="text" value="20.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="14,271.90"/> | <input type="text" value="14,271.90"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <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"/> | |



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

2017-06-30 10:00:00 AM

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 / 2017

To:

MM / DD / YYYY
06 / 30 / 2016

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).....

1,000,000

1,000,000

(ii) Unitemized.....

0

0

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

1,000,000

1,000,000

(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).....▶

1,000,000

1,000,000

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)).....▶

1,000,000

1,000,000

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

1,000,000

1,000,000

2017-06-30 10:00:00 AM

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 | 0 | 0 |
| (ii) Non-Federal Share..... | 0 | 0 |
| (b) Other Federal Operating Expenditures | 20.00 | 20.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 20.00 | 20.00 |
| 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)).. | 20.00 | 20.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20.00 | 20.00 |

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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) | 1,000.00 | 1,000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1,000.00 | 1,000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2000 | 2000 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2000 | 2000 |

NOT FOR POSTAL USE ONLY

**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 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

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

Mailing Address
14007 London Rd.

City
Fishers State
IN Zip Code
46037

FEC ID number of contributing federal political committee.
 C

Name of Employer (for Individual)
Indianapolis Indians Occupation (for Individual)
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
01 / 20 / 2017

Amount of Each Receipt this Period
2,500.00

Memo Item

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

Mailing Address
15110 Rollinmead Drive

City
Darkestown State
MD Zip Code
20878

FEC ID number of contributing federal political committee.
 C

Name of Employer (for Individual)
Zimmer Biomet Occupation (for Individual)
VP, Global Gov. Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
09 / 29 / 2017

Amount of Each Receipt this Period
2,500.00

Memo Item

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

Mailing Address
210 Adrienne Drive

City
Greenwood State
IN Zip Code
46142

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 ▼
500.00

Date of Receipt
06 / 23 / 2017

Amount of Each Receipt this Period
5,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) *1,000.00*

TOTAL This Period (last page this line number only) *1,000.00*

2017-09-15 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

| | | | |
|--|-------|------------------------------------|--|
| 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"/> % (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"/> |

| | |
|---|----------------------|
| 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.

NOT FOR POSTAL DELIVERY

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

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

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

A.

Full Name (Last, First, Middle Initial)
PNL Bank

Date of Disbursement
MM / DD / YYYY
01 / 03 / 2017

Mailing Address
101 W. Washington Street

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement
Banking service charge

Candidate Name

Category/Type

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

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
20.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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

State: District:

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

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

State: District:

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

2017-07-10 10:00 AM

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

| | | | |
|--|------------------------------|---|--|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | | FEC IDENTIFICATION NUMBER <i>C00405597</i> | |
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan | Interest Rate (APR) % | |
| Mailing Address | Date Incurred or Established | M M / D D / Y Y Y Y | |
| City State Zip Code | Date Due | M M / D D / Y Y Y Y | |

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

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

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

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

What is the value of this collateral?

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

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

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Date account established: M M / D D / Y Y Y Y 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 _____ DATE M M / D D / Y Y Y Y
 Signature _____

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 _____ DATE M M / D D / Y Y Y Y
 Signature _____ Title _____

NON-CONFIDENTIAL

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

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

| | | |
|--|---|--|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | | |

NON-FUNCTIONAL POSITION

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

| | |
|------------------------|----|
| PAGE | OF |
| FOR LINE 24 OF FORM 3X | |

| | |
|--|---|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | FEC IDENTIFICATION NUMBER <i>000405597</i> |
|--|---|

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

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

| | |
|---------------------------|--|
| Full Name of Payee | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount |
| Purpose of Expenditure | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate | Category/Type |

Support Oppose
Office Sought: House District: _____
 President Senate State: _____

Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
 Other (specify) ▶ _____

| | |
|---------------------------|--|
| Full Name of Payee | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address | |
| City State Zip Code | Amount |
| Purpose of Expenditure | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate | Category/Type |

Support Oppose
Office Sought: House District: _____
 President Senate State: _____

Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
 Other (specify) ▶ _____

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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 Y Y

NON-CONFIDENTIAL INFORMATION

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
(2 U.S.C. §441a(d))

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

| | |
|--|------------------------------------|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> | |
| 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 |

NON-FEDERAL CAMPAIGN

| | | | | |
|---|----------------|---------------------------|-----------|---------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | Category/Type |
| Mailing Address | | Date | | |
| City State Zip Code | | M / M / b b / Y Y Y Y Y Y | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: | Amount |
| | | Senate | District: | |
| | | Presidential | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | Category/Type |
| Mailing Address | | Date | | |
| City State Zip Code | | M / M / b b / Y Y Y Y Y Y | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: | Amount |
| | | Senate | District: | |
| | | Presidential | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | Category/Type |
| Mailing Address | | Date | | |
| City State Zip Code | | M / M / b b / Y Y Y Y Y Y | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: | Amount |
| | | Senate | District: | |
| | | Presidential | | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | |

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

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

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, 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-LEVIN 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.

NON-FEDERAL CANDIDATE SUPPORT

| 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 % [] % | NONFEDERAL % [] % |
| 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 | FEDERAL % [] % | NONFEDERAL % [] % |
| 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 | FEDERAL % [] % | NONFEDERAL % [] % |
| 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 | FEDERAL % [] % | NONFEDERAL % [] % |
| 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 | FEDERAL % [] % | NONFEDERAL % [] % |
| 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 | FEDERAL % [] % | NONFEDERAL % [] % |

**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 M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
|-----------------|--|--------------------------|

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) | |

2017-07-26 10:01 AM

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)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

| | | | | |
|---------------|---|------------------|---|--------------|
| 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 |
|---------------|---|------------------|---|--------------|

2011-07-20 10:00:00

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 1 OF 1
FOR LINE 18b OF FORM 3X

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

| NAME OF ACCOUNT | DATE OF RECEIPT M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
|-----------------|--|--------------------------|

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 M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
|-----------------|--|--------------------------|

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)..... | |

2017-07-26 10:00:00

**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 | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement | | Category/Type | Date |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
|---------------|---|-------------|---|--------------|

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

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
|---------------|---|-------------|---|--------------|

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

| | | | | |
|---------------|---|-------------|---|--------------|
| 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 | | | | |

2017-07-29 AM 00:16:40

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

| |
|--|
| NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i> |
| 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) | | |

NON-PROFIT CORPORATION

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

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

| | | | | |
|---|-------|----------|--|--|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Receipt this Period | |
| City | State | Zip Code | Aggregate Year-to-Date | |
| Name of Employer or Principal Place of Business | | | | |
| Occupation | | | | |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Receipt this Period | |
| City | State | Zip Code | Aggregate Year-to-Date | |
| Name of Employer or Principal Place of Business | | | | |
| Occupation | | | | |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Receipt this Period | |
| City | State | Zip Code | Aggregate Year-to-Date | |
| Name of Employer or Principal Place of Business | | | | |
| Occupation | | | | |
| D. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Receipt this Period | |
| City | State | Zip Code | Aggregate Year-to-Date | |
| Name of Employer or Principal Place of Business | | | | |
| Occupation | | | | |
| SUBTOTAL of Receipts This Page (optional)..... | | | ▶ | |
| TOTAL This Period (last page this line number only)..... | | | ▶ | |

2017-07-26 03:00:16 7404

**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: (check only one) | PAGE / OF / |
| <input type="checkbox"/> 4a | <input type="checkbox"/> 4c |
| <input type="checkbox"/> 4b | <input type="checkbox"/> 4d |

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

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

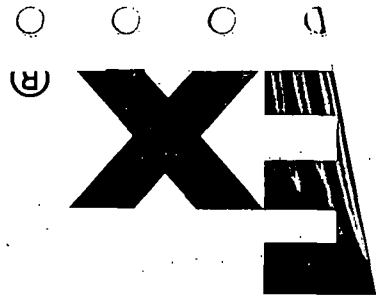
SUBTOTAL of Disbursements This Page (optional).....▶

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

NOT FOR POSTAL USE

Pull to open.

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FedEx® US Airbill
Express

8624 6146 7357

From **7-24** Sender's FedEx Account Number **1028-5588-4**

Sender's Name **Ashley Eller** Phone **317 264-7536**

Company **Indiana State Chamber of Commerce**

Address **115 V. Washington Street Suite 8505**

City **Indianapolis** State **IN** ZIP **46204**

Your Internal Billing Reference

Recipient's Name **Federal Reserve Commission** Phone **800 424-9130**

City **Washington** State **DC** ZIP **20463**

Dept./Floor/Room **546C1/C0C2/RC8A**

SK RDVA

20463
DC-US
IAD

THU - 27 JUL AA
EXPRESS SAVER

FedEx
8624 6146 7357



8624 6146 7357

RT **677** 6
FZ 16:30 7357
07:26

Form ID No. **0200** **FedEx Retrieval Cop**

4a Express Package Service
 FedEx Priority Overnight Next business morning, Friday shipments will be delivered on Monday unless SAT/USDTM Delivery is selected.
 FedEx Standard Overnight Next business afternoon, Saturday Delivery NOT available.
 FedEx 2Day Second business day, Thursday shipments will be delivered on Monday unless SAT/USDTM Delivery is selected.
 FedEx Express Saver Third business day, Saturday Delivery NOT available.
 FedEx envelope size not available. Address change. Date-prior rate.

4b Express Freight Service
 FedEx 1Day Freight Next business day, Friday shipments will be delivered on Monday unless SAT/USDTM Delivery is selected.
 FedEx 2Day Freight Second business day, Thursday shipments will be delivered on Monday unless SAT/USDTM Delivery is selected.
 FedEx 3Day Freight Third business day, Saturday Delivery NOT available.

5 Packaging
 FedEx Envelope
 FedEx Pak
 FedEx Box
 FedEx Tube
 Old Tube

6 Special Handling
 SATURDAY Delivery
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location
 Includes FedEx address in Section 3. Available ONLY for FedEx PM Overnight and FedEx 2Day to select locations.

7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/CT

8 Residential Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature

9 Total Packages
 Dry Ice
 Cargo Aircraft Only

10 Residential Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature

11 Packages up to 150/1
 FedEx First Overnight
 FedEx Standard Overnight
 FedEx 2Day
 FedEx Express Saver

12 Packages over 150/1
 FedEx 3Day Freight
 FedEx 4Day Freight
 FedEx 5Day Freight

13 Packages up to 150/1
 FedEx First Overnight
 FedEx Standard Overnight
 FedEx 2Day
 FedEx Express Saver

14 Packages over 150/1
 FedEx 3Day Freight
 FedEx 4Day Freight
 FedEx 5Day Freight

15 Packages up to 150/1
 FedEx First Overnight
 FedEx Standard Overnight
 FedEx 2Day
 FedEx Express Saver

16 Packages over 150/1
 FedEx 3Day Freight
 FedEx 4Day Freight
 FedEx 5Day Freight

JUL 26 PM 12:41

520

FTD 524785 24JUL17 MZTA 546C1/C0C2/RC8A

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.

2017-07-26 10:00:16 407

| | |
|---|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|---|-----------------|

| | | |
|--|------------|-----------------|
| <input type="checkbox"/> USPS First Class Mail | Postmarked | 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>fed Ex</i> | Shipping Date | <i>7/24/17</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 |
|---|-------------------------------|

| | |
|---|---------------------------------|
| PREPARER  (3/2015) | DATE PREPARED <i>7/26/17</i> |
|---|---------------------------------|