

**FEC
FORM 3X**

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

RECEIVED
LEGISLATIVE CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 2022 FEB 12 12:50

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street) **115 WEST WASHINGTON STREET, SUITE 850S**
 Check if different than previously reported. (ACC)
INDIANAPOLIS IN 46204

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
C 00405597

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of


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

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

Election on / / in the State of

5. Covering Period / / through /

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  Date / /

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

2022 FEB 12 12:50

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

| | |
|----|----|
| M | M |
| 01 | 01 |

 /

| | | | |
|------|------|------|------|
| Y | Y | Y | Y |
| 2022 | 2022 | 2022 | 2022 |

 To:

| | |
|----|----|
| M | M |
| 03 | 31 |

 /

| | | | |
|------|------|------|------|
| Y | Y | Y | Y |
| 2022 | 2022 | 2022 | 2022 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|--|--|-----------------------------------|--|----------|------|------|------|------|--|----------|--|----------|
| 6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td></tr><tr><td style="padding: 2px;">2022</td><td style="padding: 2px;">2022</td><td style="padding: 2px;">2022</td><td style="padding: 2px;">2022</td></tr></table> | Y | Y | Y | Y | 2022 | 2022 | 2022 | 2022 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">8,586.90</td></tr></table> | 8,586.90 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">8,586.90</td></tr></table> | 8,586.90 |
| Y | Y | Y | Y | | | | | | | | | |
| 2022 | 2022 | 2022 | 2022 | | | | | | | | | |
| 8,586.90 | | | | | | | | | | | | |
| 8,586.90 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">8,586.90</td></tr></table> | 8,586.90 | | | | | | | | | | |
| 8,586.90 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">8,586.90</td></tr></table> | 8,586.90 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">8,586.90</td></tr></table> | 8,586.90 | | | | | | | | |
| 8,586.90 | | | | | | | | | | | | |
| 8,586.90 | | | | | | | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td></tr></table> | 0 | | | | | | | | | | |
| 0 | | | | | | | | | | | | |

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

NONDISCRIMINATION NOTICE

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | 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 | 0 | 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 | 0 |
| 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..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 0 | 0 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0 | 0 |

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0 | 0 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0 | 0 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0 | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

REPRODUCED FROM THE FEDERAL CAMPAIGN DISBURSEMENT REPORT

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1 OF 1 |
| <input type="checkbox"/> 11a | <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 |
| | | | <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

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 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 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 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).....▶

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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"/> % (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.

NONPROFIT CORPORATION

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period |
| <input type="text"/> | <input type="text"/> | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period |
| <input type="text"/> | <input type="text"/> | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period |
| <input type="text"/> | <input type="text"/> | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|---|----------------------|
| 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"/> |

404400001401901

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

| | | |
|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee | | FEC IDENTIFICATION NUMBER C |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report > New report Amends report filed on | | MM / DD / YYYY |

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

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

| | |
|---|-----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | MM / DD / YYYY |
| (a) SUBTOTAL of Unitemized Independent Expenditures | MM / DD / YYYY |
| (a) TOTAL Independent Expenditures | MM / DD / YYYY |

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 **MM / DD / YYYY**

UNCLASSIFIED//FOR OFFICIAL USE ONLY

SCHEDULE F (FEC Form 3X)

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

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

| | | |
|--|------------------------------------|-------|
| NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | Full Name of Subordinate Committee | |
| | Mailing Address | |
| | City | State |

| | | | |
|---|------------------------------------|------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | <input type="checkbox"/> Memo Item | Purpose of Expenditure | <input type="checkbox"/> |
| Mailing Address | | Date | Category/Type |
| City | State | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ |
| | | Senate | District: _____ |
| | | Presidential | |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> | | |
| Amount | <input type="checkbox"/> | | |

| | | | |
|---|------------------------------------|------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | <input type="checkbox"/> Memo Item | Purpose of Expenditure | <input type="checkbox"/> |
| Mailing Address | | Date | Category/Type |
| City | State | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ |
| | | Senate | District: _____ |
| | | Presidential | |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> | | |
| Amount | <input type="checkbox"/> | | |

| | | | |
|---|------------------------------------|------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | <input type="checkbox"/> Memo Item | Purpose of Expenditure | <input type="checkbox"/> |
| Mailing Address | | Date | Category/Type |
| City | State | | |
| Name of Federal Candidate Supported | Office Sought: | House | State: _____ |
| | | Senate | District: _____ |
| | | Presidential | |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> | | |
| Amount | <input type="checkbox"/> | | |

| | |
|---|--------------------------|
| SUBTOTAL of Expenditures This Page (optional).....▶ | <input type="checkbox"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="checkbox"/> |

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

20140908 10:40:10 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.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|--|---|--|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |

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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).....

6020000100100100100000

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) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | | | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| State | | Zip Code | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: | | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | | Category/ Type | Date |
| | | | | M M / D D / Y Y Y Y |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | |
| | | | = | |
| | | | TOTAL AMOUNT | |

| | | | | |
|---|--|----------|---|--|
| B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | | | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| State | | Zip Code | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: | | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | | Category/ Type | Date |
| | | | | M M / D D / Y Y Y Y |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | |
| | | | = | |
| | | | TOTAL AMOUNT | |

| | | | | |
|---|--|----------|---|--|
| C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: | |
| Mailing Address | | | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |
| City | | | <input type="checkbox"/> Voter Drive | <input type="checkbox"/> Direct Candidate Support |
| State | | Zip Code | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: | | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | | Category/ Type | Date |
| | | | | M M / D D / Y Y Y Y |
| 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

BOUND TO BE IN 10 INCH

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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

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

BREAKDOWN OF THIS TRANSFER

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

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

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

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

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

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)

LEVIN

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

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

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

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

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

UNIVERSITY MICROFILMS

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) | | |

LEVIN FUNDS

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

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

1a 2

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NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

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

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

fedex.com 1.800.GoFedEx 1.800.463.3339

400

FedEx® US Airbill

FedEx Tracking Number

8663 5400 8895

EXPRESS

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

FedEx Tracking Number

866354008895

Date 4-7-22

Phone 317 264-3110

Sender's Name

INDIANA STATE CHAMBER OF COM

Company

Address 115 W WASHINGTON ST

City INDIANAPOLIS

State IN ZIP 46204-3420

2 Your Internal Billing Reference

3 To

Recipients Name

Company

Address 1000 ... NE

City ...

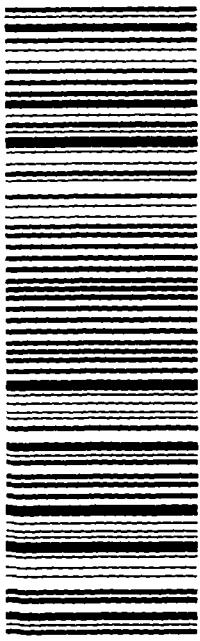
State ... ZIP ...

Phone ...

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TRK# 8663 5400 8895

SE JPN A

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DC-US
IAD



5128253 87Apr-2022 NZZA 50002 /DDP9/C088

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TUE - 12 APR AA
EXPRESS SAVER

RECEIVED
FEDERAL CENTER

NONNIBOTMINOMBOSONUNBIO

Form 1018

02105... Express® Definitive Copy

4a Express Package Service

FedEx Priority Overnight
 Next Business Morning, FedEx
stipulations will be addressed on business morning
under SAT/NOON Delivery is selected

FedEx 2Day
Second business day* Thursday
stipulations will be addressed on business morning
under SAT/NOON Delivery is selected

FedEx Express Saver
Third business day* Thursday
Saturday Delivery NOT available

FedEx 1Day Freight
Next business day* Friday thru Monday
stipulations will be addressed on business morning
under SAT/NOON Delivery is selected

FedEx 20 Day Freight
See our business day* Thursday
stipulations will be addressed on business morning
under SAT/NOON Delivery is selected

FedEx 30 Day Freight
See our business day* Thursday
stipulations will be addressed on business morning
under SAT/NOON Delivery is selected

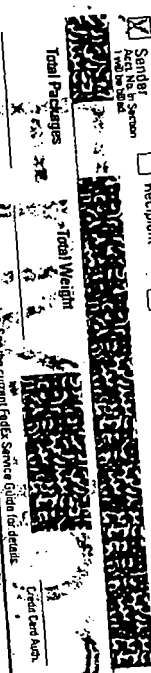
4b Express Freight Service
Select envelope rate not available. Maximum volume 500-pound rate.

5 Packaging
 FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 Special Handling
 SAT/NOON Delivery
 HOLD Saturday at FedEx Location
 HOLD Sunday at FedEx Location
 Dry Ice
 Cargo Aircraft Only
 Other

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

8 Residential Delivery Signature Options
 No Signature
 Direct Signature
 Indirect Signature



Total Packages: 11
Total Weight: 15.00 lbs

519

RT 723 6
16:30 8895
04:11

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|--------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i> | Shipping Date <i>4/7/22</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 |

SPM
 PREPARER *4/11/22*
 (3/2015) DATE PREPARED

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