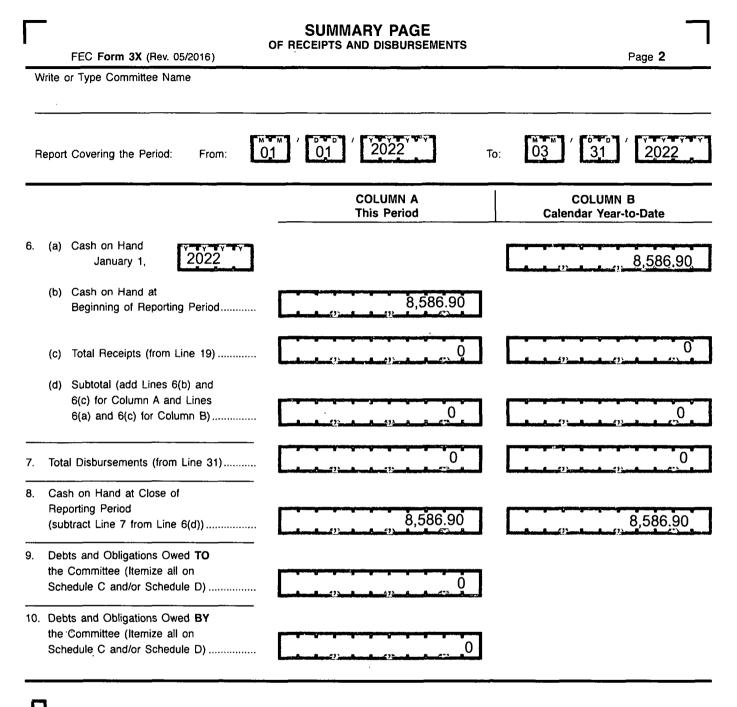
F	- FEC FORM 3X	A I	ND D	ISBU	F REC	MENT	'S			IVE0 Ise Only	<b>T</b> ER
1.	NAME OF COMMITTEE (in		PE OR PR	INT V		mple: If typ r the lines.	ping, type 2	022 12 <del>2</del>	amphie	6012:	50
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	DRESS (number an Check if diff than previou reported. (Ad	d street)								<u> </u>	
2.	FEC IDENTIFIC		BER ▼		CITY ▲ IS THIS REPORT	Z	NEW (N) <b>OF</b>		AMENDED (A)		
4.	July 15 Quarteri October Quarteri January Year-End July 31	y Report (Q1) y Report (Q2) 15 y Report (Q3) 31 d Report (YE) Mid-Year	P R	2-Day RE-Election	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)				Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 eneral (12G) pecial (12S)	in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
	Year On	Non-election ly) (MY) lion Report		OST-Electio leport for the Ele		General (3	0G) / [		unoff (30R)	in the State of	Special (30S)
	Covering Period ertify that I have ex e or Print Name c		<sup>2</sup> 01 <sup>b</sup> leport and Jeff Bra			through wledge and			ect and compl	-	
-	nature of Treasure		M	Sun	5	- 		Date		26'	2022
	TE: Submission of f Office Use Only	aise, erroneous	, or incom	ipiete inform	ation may st	idject the p	erson signing	g this Repo	FE	ties of 52 C FOR Rev. 05/20	М 3Х

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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

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)		
Ē		
(ii) Unitemized	0	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	U :	(2)
(b) Political Party Committees	and and the second s	19-1-19-19-1-1-19-1-1-1-19-1
(c) Other Political Committees (such as PACs)	0	
(d) Total Contributions (add Lines	and the strength of the second se	Land and Product (Second and Constant Constant)
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0	
2. Transfers From Affiliated/Other		
Party Committees	0	
		A second s
8. All Loans Received	0	
. Loan Repayments Received	0	
. Offsets To Operating Expenditures		International Constructions (Constructions)
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0	
7. Other Federal Receipts		
(Dividends, Interest, etc.)		
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0	······································
r i i i i i i i i i i i i i i i i i i i		· · · · · · · · · · · · · · · · · · ·
(b) Levin Funds (from Schedule H5)		() k () k () () k ()
(c) Total Transfers (add 18(a) and 18(b))		
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0	
	And the first families of the state of the s	and and the state of the state
). Total Federal Receipts		
······································		5

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

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FEC Form 3X (Rev. 05/2016)

# II. Disbursements 21. Operating Expenditures:

- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
   (i) Federal Share .....
  - (ii) Non-Federal Share.....
  - (b) Other Federal Operating Expenditures .....
  - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....▶
- 22. Transfers to Affiliated/Other Party Committees.....
   23. Contributions to Federal Candidates/Committees and Other Political Committees.....
- Independent Expenditures

   (use Schedule E)
   Coordinated Party Expenditures
   (52 U.S.C. § 30116(d))
   (use Schedule F)
- 26. Loan Repayments Made .....
- - (b) Political Party Committees .....
  - (c) Other Political Committees (such as PACs).....
- 29. Other Disbursements (Including Non-Federal Donations).....
- 30. Federal Election Activity (52 U.S.C. § 30101(20))
  - (a) Allocated Federal Election Activity (from Schedule H6)
    - (i) Federal Share .....
  - (ii) "Levin" Share......
    (b) Federal Election Activity Paid Entirely With Federal Funds .....
  - (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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Page 4

COLUMN B

**Calendar Year-to-Date** 

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### III. Net Contributions/ Operating Expenditures

- 33. Total Contributions (other than loans) (from Line 11(d), page 3) .....
- (add Line 21(a)(i) and Line 21(b)) ..........▶ 37. Offsets to Operating Expenditures

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COLUMN B

**Calendar Year-to-Date** 

Page 5

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1						
IT	EMIZED RECEIPTS		for each category of the	(check only one)						
			Detailed Summary Page							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)									
Z	Indiana Chamber Congressio	onal Acti	on Committee							
A.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address									
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V							
			3 <u>3 8 1 13 8 8 10 1</u>							
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
υ.	Mailing Address									
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C .								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		<u>^</u>							
<u></u> с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address									
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C								
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
_	Receipt For: Primary General Other (specify)	Aggregate								
s	UBTOTAL of Receipts This Page (optional)		······							
┟᠇	OTAL This Period (last page this line number or	niy)	······							

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	(check only one)       21b       22       23       26       27         28a       28b       28c       29       30b         sed by any person for the purpose of soliciting contributions from such committee         Date of Disbursement <ul> <li></li></ul>	e.
address of any politi On Committee Zip Code	Category/ Type       Date of Disbursement         Memo Item	e.
Zip Code	FEC Identification Number C C Category/ Type Amount of Each Disbursement this Pr	eriod
Zip Code	FEC Identification Number C C Category/ Type Amount of Each Disbursement this Pr	eriod
or: y General	FEC Identification Number C C Category/ Type Amount of Each Disbursement this Pr	eriod
or: y General	Category/ Type Amount of Each Disbursement this Provide the second secon	eriod
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y General		J
	Date of Disbursement	
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		Y ]
Zip Code	FEC Identification Number	
	Category/ Amount of Each Disbursement this Po	eriod
y General		
specity)	Memo Item	
	Date of Disbursement	
·		]
Zip Code	FEC Identification Number	
	Category/ Type	eriod
r: y General (specify) ▼		]
· · · · ·	L Memo Item	
	r: / □ General specify) Zip Code r: / □ General specify) ▼	FEC Identification Number         Category/ Type         Category/ Type         General         Specify)         Date of Disbursement         Memo Item         Date of Disbursement         Memo Item         Zip Code         FEC Identification Number         Category/ Type         Category/ Type         General

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# SCHEDULE C (FEC Form 3X) LOANS

OANS			Use separate sched for each category of Detailed Summary F	the
NAME OF COMMITTEE (In	-			
Indiana Cham		onal Action Co		
LOAN SOURCE Full N	ame (Last, First, Mid	dle Initial)	🗌 Memo It	em Election: Primary General
Mailing Address			· · · · · · · · · · · · · · · · · · ·	Other (specify) ▼
City		State ZI	P Code	
Original Amount of Loar		Cumulative Paymer	nt To Date	Balance Outstanding at Close of This Period
	) <u> </u>		And?)	
TERMS Date Incu		Date	Due Interest	Rate Secured:
List)All Endorsers or G 1. Full Name (Last, First	All a subsection of the second s	5.Loan, Source	Name of Employer	
Mailing Address		······································	Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u> </u>
2. Full Name (Last, First	, Middle Initial)	··· <b>k</b>	Name of Employer	
Mailing Address		. <u> </u>	Occupation	· · · · · · · · · · · · · · · · · · ·
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u></u>
3. Full Name (Last, First	, Middle Initial)	- <b>-</b>	Name of Employer	
Mailing Address			Occupation	· · · · · · · · · · · · · · · · · · ·
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	····
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period T	his Page (optional).		•	ورواست المعالية المستخصرة المستخدمة والمستخدمة والمستخد
TOTALS This Period (last p	age in this line only	)	•••••••••	······································
Carry outstanding balance	only to LINE 3, Sch	edule D, for this lin	e. If no Schedule D, carry	forward to appropriate line of Summary.

LOANS	ULE C-1 (FEC F AND LINES OF ( ction Commission, Washi	CRE	DIT FF		ENDING INSTITUTIO	NS	[	Supplementary for Information found on Page <u>1</u> of Schedule
	COMMITTEE (In Full)						FEC II	DENTIFICATION NUMB
	Indiana Cha	mber	r Cong	ression	al Action Committee		C	ere for Brief Weiterster Olefen for de Perlandrezh :
Full Name								Interest Rate (APR)
Mailing Add	dress	State	Zip Coo	de	Date Incurred or Establish	ed [		
A. Has	s loan been restructured?	, 🗌 ı	No	Yes	If yes, date originally incu	rred		
	a unit of this Descent				Total Outstanding Balance:	1	ri jina 🖕 si	алар (словани сталина) Постоления составляет составляет Постоления составляет составляет составляет составляет составляет составляет с
C. Are	other parties secondarily No Yes (End				red? lust be reported on Schedule	C.)		
pro	perty, goods, negotiable i cks, accounts receivable,	instrum	nents, cei on depos	rtificates of	Ioan: real estate, personal f deposit, chattel papers, er similar traditional collateral?	Does 1		alue of this collateral?
	e any future contributions lateral for the loan?		ure receip Yes		rest income, pledged as specify:	- What i	is the es	stimated value?
	depository account must t 11 CFR 100.82(e)(2) and		Location of account:					
	Date account establi		Î¥î JΥΠJ≓Î	Ϋ́, i	Address:			
					City, State, Zip:			
the	loan amount, state the b	asis up	pon whic	h this loar	n was made and the basis on	which it a	ssures r	epayment.
Тур	MMITTEE TREASURER bed Name nature						ATE	
	tach a signed copy of the				····			
I. TC I. II. III.	are accurate as stated The loan was made or similar extensions of co This institution is award	itution's above n terms redit to e of the	s knowle e. s and con o other be e require	edge, the te inditions (in orrowers o ement that	erms of the loan and other inf ncluding interest rate) no more of comparable credit worthines a loan must be made on a b CFR 100.82 and 100.142 in m	e favorable s. asis which	at the tassures	ime than those imposed
AUTHORIZ	ZED REPRESENTATIVE					<u> </u>	ATE	
Typed Nai Signature				Ti	itle		n (n <b>m</b> ing <b>/</b> 	0 0 <b>7 7 7 7 7 7</b>

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SCHEDULE D (FEC Form 3X)		[	(Use separate	PAGE 1 OF 1
DEBTS AND OBLIGATIONS Excluding Loans			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 10
NAME OF COMMITTEE (In Full) Indiana Chamber Congressi	onal Actio	on Committee		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Mailing Address		<u> </u>		
City	State	Zip Code		1
Outstanding Balance Beginning This Period	Pav	ment This Period	Qutetandu	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	Pay	ment This Period	┉	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Batance Beginning This Period	<b>I</b>	<b>.</b>		
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)				<u>م</u>
2) TOTALS This Period (last page this line number o	nly}			······································
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ly)		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	y Page (last page on	ly) ►	<u>المحمد المحمد المحم</u>

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#### SCHEDULE E (FEC Form 3X) \_\_

TEMIZED INDEPENDENT EXPENDITURES			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	·		FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Action	on Committ	ee	C
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
			MTM / DTD / VTYTYTY
Mailing Address			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:  Disbursement For: Primary General
Catendar Year-To-Date Per Election for Office Sought	(1) <u></u>	dender ( ) a dama	Other (specify) ▶
Full Name of Payee		Memo	
Mailing Address			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure	L	Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	())		Disbursement For: Primary General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Unitemized Independent Expenditure	es		
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized		
		_ Date	M**M / D**D / Y*Y*Y*Y
Signature			EEC Sabadula 5 (Form 21) Roy (/20

FEC Schedule E (Form 3X) Rev. 0/2016

#### 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 Gene	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congressional A	ction Committee	
Has your committee been designated to make coordinated expenditures by a political party committed YES NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City.	State ZIP Code
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Pa	iyee 🗌 Memo Item	Purpose of Expenditure
Mailing Address		Date Type
	State Zip Code	
Name of Federal Candidate Supported Office S	Sought: House State: Senate District:	Amount
	Presidential	
Aggregate General Election Expenditure for this Candidate ►		
Full Name (Last, First, Middle Initial) of Each Pa	iyee 🗌 Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type
City	State Zip Code	Date
Name of Federal Candidate Supported Office S		Amount
	Senate District:	
Aggregate General Election Expenditure for this Candidate ►	ة <u>المحمد المحمد الم</u>	
Full Name (Last, First, Middle Initial) of Each Pa	iyee 🗌 Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type
City	State Zip Code	
Name of Federal Candidate Supported Office S		Amount
	Senate District: Presidential	
Aggregate General Election Expenditure for this Candidate	۵۶٬ <u>۰۰٬۰۰٬٬۰۰٬٬۰۰٬٬۰</u>	
SUBTOTAL of Expenditures This Page (optional)	·····	۲۵۵۵ میر میر میرد. ۲۵۵۵ میر این میرد میرد میرد میرد میرد میرد میرد میرد
TOTAL This Period (last page this line number only	·)	nes' - Cast Sandranteret San Constant Southant

FEC Schedule F (Form 3X) Rev. 05/2016

PAGE

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OF

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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

Federal		·····	%	i
Nonfederal			%	
This ratio applies to (	check all that apply):			
Administrative	Generic Voter Drive	Public C	Communications Referencing Party Only	]
· .				

# SCHEDULE H2 (FEC Form 3X) A

ALLOCATION RATIOS	PAGE 1 OF 1
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Com	nmittee
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	<u></u>
Methods of allocation:	
<ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the federed expenses must equal the federal proportion of monies raised.</li> </ol>	ral proportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expension where the federal proportion of disbursements is based on the benefit derived by federal tivity. For PACs Only: Direct candidate support includes public communications or voter federal and nonfederal candidates, regardless of whether there is a reference to a politic are allocated using a time/space method.	candidates from the ac- drives that refer to both
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	]%
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	]%
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	%
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	%
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	%

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

PAGE 1 OF 1

FOR LINE 18a OF FORM 3X

	Indiana Chamber Congress	sional Action Committee	
NAME	OF ACCOUNT		
BREAK	COWN OF TRANSFER RECEIVED	<u> </u>	
i) T	fotal Administrative		
ii) G	Generic Voter Drive	· · · · · · · · · · · · · · · · · · ·	hand and and the standard ( ) and and the stand
iii) E	Exempt Activities		
	Direct Fundraising (List Activity or Event Ide		in a submarket in a s
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a	)		
L	л.		
U	)	·	
с	) Total Amount Transferred For Direct Fundr	aising	المعالية المعالمة (المعالية المعالية المعالية المعالية المعالية المعالية المعالية المعالية المعالية المعالية ال
v) D	Direct Candidate Support (List Activity or E	vent Identifier)	
-			
а	)		
h	)		
c	) Total Amount Transferred For Direct Candi	date Support	
vi) P	Public Communications Referring Only to	Party (Made by PAC)	·······
	TOTALS FO	OR BREAKDOWN OF TRANSFER RE	ECEIVED
DTAL TI	his Period (Administrative)		
DTAL T	his Period (Generic Voter Drive)		
DTAL TI	his Period (Exempt Activities)		······································
		فيدها	
DTAL TI	his Period (Direct Fundraising)		
	his Period (Direct Fundraising)		
DTAL TI			

FEC Schedule H3 (Form 3X) Rev. 05/2016

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber	Congressiona	I Action	Committee
-----------------	--------------	----------	-----------

<b>A</b> .	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:		
	Mailing Address			Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date			
	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

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT DATE OF RECEIPT DATE OF RECEIPT TOTAL AMOUNT DATE OF RECEIPT VOTER REGISTRATION SREAKDOWN OF THIS TRANSFER i) Voter Registration Total Amount Transferred for Voter Registration ii) Voter ID Total Amount Transferred for Voter ID Total Amount Transferred for Voter ID U GOTV Total Amount Transferred for GOTV U GENERIC CAMPAIGI VOTER Campaign Activity Total Amount Transferred for Generic Campaign Activity	TRANSFERRED
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<ul> <li>i) Voter Registration Total Amount Transferred for Voter Registration ii) Voter ID Total Amount Transferred for Voter ID iii) GOTV Total Amount Transferred for GOTV iv) Generic Campaign Activity</li> </ul>	
<ul> <li>ii) Voter ID Total Amount Transferred for Voter ID</li></ul>	
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Total Amount Transferred for GOTV iv) Generic Campaign Activity	
iv) Generic Campaign Activity	
	N ACTIVITY
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Total Amount Transferred for Voter Registration	
il) Voter ID	-
Total Amount Transferred for Voter ID	J
GOTV	-
iii) GOTV Total Amount Transferred for GOTV	and a second
GENERIC CAMPAIG	
iv) 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)	antina () in the contract of the other of

FEC Schedule H5 (Form 3X) Rev. 05/2016

DISBURSEMENTS OF FE	DERAL A		•··- •	PAGE 1 OF 1	<u></u>
	ENTS OF FEDERAL AND LEVIN FUNDATED FEDERAL ELECTION ACTIVITY         State, District and Local Party Committees (         TEE (In Full)         Indiana Chamber Congressional Acti         .ast, First, Middle Initial) / Full Organization Name         State       Zip Code         pursement         ************************************			FOR LINE 30a OF FOR	M 3>
NAME OF COMMITTEE (In Full)					<del>.</del>
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A. Full Name (Last, First, Middle Ir	nitial) / Full Org	anization Name	🗌 Memo Iten	Voter Registration GOTV	npaig
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Mailing Address				Allocated Activity or Event Year-To-Date	7
City	State	Zip Code			1
FOR ALLOCATED FEDERAL ELECTION ACTIVITY         (To be used by State, District and Local Party Committees Only)         NAME OF COMMITTEE (In Full)         Indiana Chamber Congressional Action Committee         A. Full Name (Last, First, Middle Initial) / Full Organization Name       Memo Item       Type of Allocated Activity or Event.         Woter ID       Generic Cam         Mailing Address       Allocated Activity or Event.         City       State       Zip Code         Purpose of Disbursement       Type of Allocated Activity or Event.         Woter ID       Generic Cam         Mailing Address       City         City       State         Purpose of Disbursement       Category/ Type         B. Full Name (Last, First, Middle Initial) / Full Organization Name       Memo Item         Woter Registration       GOTV         Voter ID       Generic Cam         Mailing Address       City         City       State         City       State         Purpose of Disbursement       Type of Allocated Activity or Event:         Woter Registration       GOTV         Voter ID       Generic Cam         Mailing Address       City         City       State         Zip Code       City <td>Ŭ</td>		Ŭ			
FEDERAL SHARE	+	LEVIN		= TOTAL AMOUNT	
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FEC Schedule H6 (Form 3X) Rev. 05/2016

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

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SCHEDULE L-A (FEC FORM 3X)		perete cabedula(a)	PAGE 1 OF 1
ITEMIZED RECEIPTS OF LEVIN FUNDS	for eac Aggreg	parate schedule(s) th category of the pation Page	FOR LINE NUMBER: 1a 2 (check only one)
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NAME OF COMMITTEE (In Full)	····		
Indiana Chamber	Congres	sional Action C	Committee
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Occupation (for Individual)			
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Mailing Address			
City Sta	ate	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			Aggregate Year-to-Date
Occupation (for Individual)			
SUBTOTAL of Receipts This Page (optional)		······ •	
TOTAL This Period (last page this line number only)		····· •	

# SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	for each category of the Aggregation Page	(check only one) 4a 4c 5 4b 4d
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NAME OF COMMITTEE (In Full) Indiana Chamber Congressional	Action Committee	
Full Name (Last, First, Middle Initial) / Full Organization Nam A.	ne 🗌 Merno Item	
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FOR LINE NUMBER: PAGE 1

OF 1

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# Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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