## **FEC** FORM 3X

30

03-00751517

Signature of Treasurer

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2019 JAN 30 PM 1: 16

TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. 11 INIDITIANIA, ICHAMIDIEK, ICIONIGIRIEISISITOINIAILI IAICITITIOIM CIDIMIMILITITIEIEI 1711111161510111 ADDRESS (number and street) Check if different than previously 0,1,A,N,A,P,0,L,1,5, reported. (ACC) CITY A STATE ZIP CODE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **NEW AMENDED** 0.040559 REPORT (N) OR (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) (Non-Election Year Only) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Special (12S) Convention (12C) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 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. eff Brankley Type or Print Name of Treasurer

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

Date

Office Use Only

**FEC FORM 3X** Rev. 05/2016

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

ł		FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	/rite	or Type Committee Name	Congressional Act.	on Committee
R	epor	t Covering the Period: From:	M	o: 1,2 3,1 2,0,1,8
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand  January 1,		1425190
	(b)	Cash on Hand at Beginning of Reporting Period	1.3.4.26.9.0	
	(c)	Total Receipts (from Line 19)	$\phi$	P
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13,926,90	14,251,90
 7.	Tota	al Disbursements (from Line 31)	Ø	
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	1, 2, 2, 6, 9, 0	13-926,90
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	Ø	
10.	the	ots and Obligations Owed BY  Committee (Itemize all on nedule C and/or Schedule D)	Į.	
	]	This committee has qualified as a mult	icandidate 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	•

# NOTO: OH: NO: OM: CONIDATANO

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)	of Receipts	Page <b>3</b>
Write or Type Committee Name		
Indiana Chander	Congressional Action	Connittee
Report Covering the Period: From:	1 2 7 2 0 1 8 To:	12 71 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees  (i) Itemized (use Schedule A)		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other Party Committees		
<ul> <li>13. All Loans Received</li></ul>		
to Federal Candidates and Other Political Committees	d d	
(from Schedule H3)  (b) Levin Funds (from Schedule H5)  (c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal		- Valendar Teal-to-Date		
	Activity (from Schedule H4) (i) Federal Share		Ø		
	(i) Federal Share	7 7			
•	(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	<u> </u>	452 452 452		
	Federal Candidates/Committees and Other Political Committees		X		
24.	Independent Expenditures				
	(use Schedule E)		X		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))				
	(use Schedule F)		$\mathcal{S}$		
26.	Loan Repayments Made				
27. 28.	Loans MadeRefunds of Contributions To:	<i>5 5</i>			
	(a) Individuals/Persons Other		***************************************		
	Than Political Committees				
	(b) Political Party Committees		*		
	(c) Other Political Committees				
	(such as PACs)				
	(d) Total Contribution Refunds	<u> </u>			
	(add Lines 28(a), (b), and (c))	N. C.			
		<u> </u>			
29.	Other Disbursements (Including				
	Non-Federal Donations)	1	<b>.</b>		
20	Federal Election Activity (52 U.S.C. § 30101(	(20)			
30.	(a) Allocated Federal Election Activity	(20))			
	(from Schedule H6)				
	(i) Federal Share				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		492 492 494		
	(ii) "Levin" Share	$\gamma$	6		
	(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))				
31.	Total Disbursements (add Lines 21(c), 22,	<del></del>	<del></del>		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		32506		
30	Total Federal Disbursements				
JZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	<b>M</b>	22500		
	· · · · · · · · · · · · · · · · · · ·	4	9,000		
	•				

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 5

	FEC Form 3X (Rev. 05/2016)		Page <b>5</b>
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

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SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)				
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12				
Assistance in a social from each December	and Statement and the solid according to					
Any information copied from such Heports a or for commercial purposes, other than using	nd Statements may not be sold or used by any gethe name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
Indiqua ( 4a	Mbc- Congressions	Action Connittee				
Full Name of Individual (Last, First, Middl		VICINA CONAFFICE				
·	e miliary of Full Organization Name	Date of Receipt				
Mailing Address						
City	State Zip Code	<del></del>				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For:	Accorded Married Basis =	<del> </del>				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼						
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Bassist				
Mailing Address		Date of Receipt				
Walling Addition		M M / B D / Y Y Y Y				
City	State Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing	C					
federal political committee.						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	<del> </del>				
Primary General	Aggregate Tear-to-Date V					
Other (specify) ▼		_				
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Full Name of Individual (Last, First, Middle	в пппа <i>н</i> от гип отданизации матте	Date of Receipt				
Mailing Address		Mami / Losoii / Losososom				
City	State Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
		— Nome lien				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$				
Primary General	riggiogato roarto bato v	<b>-</b>				
Other (specify)						
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OTAL This Period (last page this line num	nber only)					

୍ଚ	CHEDULE B	(FEC Form	3X)			FOR LINE	NUMBER: PAGE OF			
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					Summary Page	.       210				
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	NAME OF COMMIT									
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Z	Ladiqua	/ hanber	(00	91085	ional	fction (	Comittee			
_	Full Name (Last, Fir	St. Middle Initial)			-					
A.	•						Date of Disbursement			
	Mailing Address	<del></del>								
	Mailing Address	\ .					kanatana kanatana kanatana			
	City		s	tate	Zip Code		FEC Identification Number			
							FEC Identification Number			
	Purpose of Disburse	ment			-	[ ]				
	Candidate Name		$\overline{}$	<del> </del>						
	Candidate Name					Category/	Amount of Each Disbursement this Period			
	Office Sought:	House	Disbursem	eat For:	·	Туре	translace of a calma salum the rather and a salum the rather and a salum the			
	<u> </u>	Senate		Primary	General		Una Provident Provident Day 18 - Acres Developed			
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	State: Di	strict:		• \			Nemo nem			
	Full Name (Last, Firs	st, Middle Initial)					,			
В.							Date of Disbursement			
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	City State Zip Code						FEC Identification Number			
	Purpose of Disburser	nent	•							
	Candidate Name					Category/	Amount of Each Disbursement this Perlod			
	Office Sought:	House	Disburseme	ent For	<u></u>	Туре	isseerallina und samedimentali servidi templementari est est de la crestita est est est est est est est est est			
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	Purpose of Disbursen	nent					C			
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	Purpose of Disbursen	House Senate	P	rimary	General	Category/	Amount of Each Disbursement this Period			
	Purpose of Disbursen  Candidate Name  Office Sought:	House	P			Category/	Amount of Each Disbursement this Period			

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

SCHEDULE B (FEC Form 3X)

SCHEDULE C (FEC FORM 3X)		<u> </u>	<b>_</b>
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FORM 3X
LUMBER OF COLUMNIES (In F. III)		Detailed Commany 1 age	FOR LINE 13 OF FORIVI SX
NAME OF COMMITTEE (In Full)	Congressions!	Action Cornittee	
LOAN SQURCE Full Name (Last, First, M Mailing Address	iiddle Initial)	☐ Memo Item EI	ection:  Primary  General  Other (specify) ▼
			] c.m.s. (spec),
City	State ZIF	Code	
Original Amount of Loan	Cumulative Paymen		Outstanding at Close of This Period
		Due Interest Rate	Secured: % (apr) Yes No
List All Endorsers of Guarantors ((f any))  1. Full Name (Last, First, Middle Initial)	io/Loan Source	Name of Employer	
Malling Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	Timeser Successful word Timeses In wood mass all the mortuness
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Ocupation	
City State	ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)	<del></del>	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	<del></del>	Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional).		· !	
TOTALS This Period (last page in this line only		ll-marile marile	
Carry outstanding balance only to LINE 3. Sch	redule D. for this line	. If no Schedule D. carry forward	to appropriate line of Summary

SCHEDULE C-1 (FEC Form 3X) Supplementary for								
	NS AND LINES OF CREDIT FROM LE	Ending institutions	3	Information found on				
Federa	ll Election Commission, Washington, D.C. 20463			Page of Schedule C				
NAME	OF COMMITTEE (In Full)	,		IDENTIFICATION NUMBER				
1	Indiana Chamber Congressional A	Action Committees	C	3.0.4.0.5.5.9.7				
	ING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)				
Full N		The state of the s		%				
	g Address	Date incurred or Established						
City	State Zip Code	Date Due		, BED , ALANALA				
<u> </u>	Has loan been restructured? No Yes	If yes, date originally incurred						
В.	If line of credit,  Amount of this Draw:	Ralance:		nagy may menet province appearing the sufficient				
	<u> </u>	ust be reported on Schedule C.)						
D.	Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	f deposit, chattel papers,	The state of the s	value of this collateral?				
			Does the lend interest in it?	der have a perfected security				
E.	Are any future contributions or future receipts of interecollateral for the loan? No Yes If yes, s	\ ·	stimated value?					
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:						
	Date account established:	Address:						
	Localizated Landson Landson Landson	City, State, Zip:						
F.	If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or it the a was made and the basis or whi	amount pledge ch it assures r	d does not equal or exceed epayment.				
G.	COMMITTEE TREASURER Typed Name Signature		DATE					
Н.	Attach a signed copy of the loan agreement.							
1.	TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the ter are accurate as stated above.		- 1	\				
	<ul> <li>II. The loan was made on terms and conditions (inclining similar extensions of credit to other borrowers of the III.</li> <li>III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CF</li> </ul>	comparable credit worthiness.  I loan must be made on a basis	which assures	\ 1				
AUTHO	PRIZED REPRESENTATIVE	IT TOOLS AND TOOLT IN THE STREET	DATE	_				
Typed Signat	Name ure Title	в	Mary Mary	TO TO VIVE V				

SCHEDULE D (FEC Form 3X)		•	(Use	separate	PAGE ( OF )
DEBTS AND OBLIGATIONS			sch	edule(s)	FOR LINE NUMBER:
Excluding Loans		· ·		r each ered line)	(check only one) 9
NAME OF COMMINIEE (In Full)	, <del>,</del> ,,		<del></del>		<u></u>
Indiana Marker Congre	sa ional	Maria	ann i	· feo	•
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	11/0/104	J 10,721 / 1	Nature of D	ebt (Purpose):
					(
Mailing Address	·	<del></del>			
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payr	nent This Period		Outstandir	ng Balance at Close of This Period
	and a second	and the state of the state of	4===4====4	<u> </u>	
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B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor			Nature of D	ebt (Purpose):
Mailing Address	<del></del>				
City	State	Zip Code			
·	<u> </u>		$\overline{}$		
Outstanding Balance Beginning This Period					
and the continue of the contin			'		
Amount Incurred This Period		nent This Period	EFERRATION	Outstandin	g Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		[	Nature of Dis	bt (Purpose):
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Mailing Address					
City	State	Zip Code			
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Outstanding Balance Beginning This Period					
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Amount Incurred This Period		ent This Period	amentaria de la compansa de la comp		Balance at Close of This Period
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	<del></del>	······································			
1) SUBTOTALS This Period This Page (optional)		,	▶		
	<del></del>				
2) TOTALS This Period (last page this line number on	ly)		<b>&gt;</b>		
3) TOTAL OUTSTANDING LOANS from Schedule C (	last page only	)	▶		
,		,	<del></del> -		
4) ADD 2) and 3) and carry forward to appropriate line	of Summary	Page (last page on	ly) ▶	<u> </u>	<u> </u>

SCHEDULE E (FEC Form 3X	<b>)</b>		•	<b>.</b>	. 4
ITEMIZED INDEPENDENT EXPENDI			• •.	PAGE	OF
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	E 24 OF FORM 3
	:	_			ATION NUMBER <b>*</b>
Indiana Chamber	Congression 1	Action Coma	ittee	111-11	0.5.5.9.7
Check if 24-hour report 48-hour re			Ne. C	/ [6 16	1
Full Name of Payee		☐ Memo	Item Date	of Public Distributi	on/Dissemination
				W / P	
Mailing Address			Amou	<del></del>	
City	State	Zin Code		maniferation of the second	
City	State	Zip Code	المسا	-1-4R-1-1	Rodraw I. Marile
Purpose of Expenditure		Cotogony 5		of Disbursement o	-
		Category/ Type			Landing Massaller
Name of Federal Candidate:		Support	Office Sough	ht: House	District:
		Oppose	Presid	lent Senate	State:
Calendar Year-To-Date Per Election for Office Sought	- Amy - Grandand Pro-	المحمال معمال المعمال المحمولات	Disbursemer	nt For: Prim	ary Genera
(20		<del></del>		Other (specify) ▶ _	
Full Name of Payee		☐ Memo		of Public Distribution	
Mailing Address	$\overline{}$			-constant	Tomore Services
	`		Amou	int waganalwaakaadaaa	ene erom en estimos mestros me
City	State	Zip Code	"		
			Date	of Disbursement or	· Obligation
Purpose of Expenditure		Category/ Type		7 T.M ( B C B	A State And Andrew
Name of Federal Candidate:		Support	Office Sough	nt: House	District:
		Oppose	Preside	ent Senate	State:
Calendar Year-To-Date Per Election for Office Sought	allumikandhamikhaallum	es General control from the control	Disbursemen	t For: Prima	ry General
Ter Election for Onice Cought	al-ballade da D.			ther (specify) ►	<del></del>
(a) SUBTOTAL of itemized independent Expe	ndituras			- Marilana Branka	- January - Land
(a) 300101AL of Remized independent Expe	iuitures ,,,,,,,	***************************************			
(b) SUBTOTAL of Unitemized Independent Ex	penditures				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the Indwith, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized	reported herein were a committee or agent or	not made in co f either, or (if t ;	ooperation, consult he reporting entity	ation, or concert is not a political
				<u>, 6, 7, 6, 1</u>	~~~~
Signature		Date			

### 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) FOR LINE 25 OF FORM 3X								
NAME OF COMMITTEE (in Full)								
Tradiqua Chamber Chamber Has your committee been designated to make	० ११ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५ ५	illas	1 A	ction Ci	mmittee			
	1	Full N	lame of Sub	ordinate Committee				
coordinated expenditures by a political party of	committee?							
If YES, name the designating committee:		Mailin	g Address					
		City				State	ZIP Code	
Full Name (Last, Pirst, Middle Initial) of E	ach Payee				Purpose of E	xpenditure	(Caranja mana)	
Maille a Address					4		Category/ Type	
Mailing Address					Date	<u> </u>		
City	State	•	Zip Code		TWEW /	P T T	/ [[*******	
				•				
Name of Federal Candidate Supported	Office Sough	t:	House	State:	Amount	·		
			Senate	District:	l'asaderesilens	ellman/Amendo	- Considered frame for any and any	
Political Control of the Control of	handlanden		Presidential		. Buscollamostkani	Maria Darrecha	uThanlandani-Thankar	
Aggregate General Election		\"	, .,	" " [				
Experience for this Candidate	กริกษาตัวให้แบบที่สอบกล์ให	en di di	Toward toward toward	and the same				
Full Name (Last, First, Middle Initial) of Ea	ach Payee		$\overline{}$	☐ Memo Item	Purpose of E	хрелditure	Hame description of	
					1		- I and and a	
Mailing Address				<b>\</b>	-		Category/ Type	
Maining Address					Date		Type	
City	State		Zip Code	$\overline{}$	Mana V	B-V-B-	TALLALALA!	
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Name of Federal Candidate Supported	Office Sought	<b>├</b> ─{	House	State:	Amount			
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		CT PHARM	SAME THE SERVICE STATES					
Full Name (Last, First, Middle Initial) of Ea	ch Payee			☐ Memo Item	Purpose of Ex	penditure		
							lhamana l	
Mailing Address							Category/ Type-	
					Date			
City	State		Zip Code		MARKET /	676 /	LAKALASA	
Name of Federal Candidate Supported   C	)#! O		11		Landani	STATE PROPERTY.	Landanellond	
Mario di Federal Gallandalo Gapponed	Office Sought:	<del></del>	House Senate	State:	Amount			
		1	Presidential	District.	lounder and some	lecaliter dies	times in with a strange frame	
Aggregate General Election	and and and				January Company	Free Bear bee	Dismonton Birchard	
Evpenditure for this Candidate			1 <del></del>					
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CODICIAL OF Experionales This Page (Option	iai)	••••••		<u> </u>		inalemberi maganapan		
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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 RUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Fuil)
Indiana Change Congressional Hotion 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

SCHEDULE HZ (FEC FOIIII 3A)	•	7405
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) Ludique Chamber Congressional Action	Committee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	,
Methods of allocation:		
I. FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.	hod" where the federal p	roportion of
Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit Nity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal can nunications or voter drive	didates from the ac-
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundralsing Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER		<del> </del>
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ACTIVITY OR EVENT IDENTIFIER		
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Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	Landandenskinder %	
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ACTIVITY OR EVENT IDENTIFIER		
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CHECK IF THE RATIO IS:	L	\
New Revised Same as Previously Reported		ļ
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# SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL MONFEDERAL ACTIVITY

-	EDERAL/NONFEDERAL ACTIVI	I A			FOR LINE 21a OF FORM 3X
N	AME OF COMMITTEE (In Full)		Λ	. 1	
		essivial b	Hetlon	Commiste	.,
A.	Full Name (Last, First, Middle Initial)			☐ Memo Item	) <del></del>
	Mailing Address	<del></del>	<del></del>	<del></del>	Administrative Fundraising Exempt
	Naming Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Bi-				Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			least-aireal	- Committee of the control of the co
	Activity or Event Identifier:		·	- In what	hard-dhalledindledadibuland
				Category/ Type	Date Date
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	A CE				
В.	Full Name (Last, First, Middle Initlal)			☐ Memo Item	Allocated Activity or Event:
					Administrative Fundralsing Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifler:				Parales of Real Real Product and Parales of Product and Product an
				Category/ Type	Date Date
	FEDERAL SHARE		ONFEDERA	•	= TOTAL AMOUNT
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	h. k. A. Clinkada Clinkada (19. K. 19. K.		mbala din		And the factor of the factor of the standard
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
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	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<u></u>		Allocated Activity or Event Year-To-Date
	, alpade of Dissardonicini			[ ]	
•	Activity or Event Identifier:				
				Category/ Type	Date / DTD /
	FEDERAL SHARE	h NO	ONFEDERAL	SHARE	= TOTAL AMOUNT
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		<u> </u>	المسائسة المسائد	2-1-3-2-3	
SU	BTOTAL of Allocated Federal and NonFederal A	ctivity This Pa	ge		
	FEDERAL SHARE +		NFEDERAL		TOTAL AMOUNT
				de de la constante de la const	
TO	TAL This Period (last page for each line only)(Fe	deral share to			e to 21(a)(ii))
	FEDERAL SHARE	NO	NFEDERAL	SHARE	TOTAL AMOUNT
					<b> </b>   •
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# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

			FOR LINE 18a OF FORM 3X
NAME	OF COMMITTEE (In Full)	. 1 1 1	
		day Hetton Committ	
NA	ME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		Man / Dogs / Landerschools	
BR	EAKDOWN OF TRANSFER RECEIVED		
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H)	Generic Voter Drive		Lander II and and and the state of the state of
			Example 1 and September 1 represented from the September 1 and 1 a
111	) Exempt Activities		0 0 573 di 5 575 de 5 575 de
lv	Direct Fundralsing (List Activity or Event Ider	ntifier)	
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	a)		
	b)	Bergillum elye sails and months and service and servic	
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	c) Total Amount Transferred For Direct Fundral	sing	none na la canada como di Marcala ancia lla canada Marcala canada con di
	Direct Condidate Support /liet Activity or Eve	ant Idahisan	SHEET STATE OF STATE STA
V	Direct Candidate Support (List Activity or Eve		
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		harman de constitución de la const	
	b)	de man America Mercanistament de sensitament de sensitament de sensitament de sensitament de sensitament de se	įį
		landles when a local board on landles with a selection of the se	Umarkinaskondora la mikumikanskanskanskanskanskanska m
	c) Total Amount Transferred For Direct Candida	ite Support	Burnels will be a little of the state of the
			the state of the section of the sect
vi)	Public Communications Referring Only to P	arty (Made by PAC)	Luduslands Stadends - 15 to 15 to 15 to 16
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TOTAL	. This Period (Administrative)		
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TOTAL	This Period (Direct Fundralsing)		
			bearding directly and a specificant
TOTAL	This Period (Direct Candidate Support)		
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TOTAL	This Period (Public Communications Referring C	Inly to Party)	
TOTAL	This Period (Total Amount Transferred)		- Alexandre - Company of the Company

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## 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)

To be used by state, bistrict and cool i arty committees only	FOR LINE 18b OF FORM 3			
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congression Hotion Committee				
l l	MOUNT TRANSFERRED			
	all and a standard and and a standard and a standar			
BREAKDOWN OF THIS TRANSFER				
VOTER REGISTRATION				
i) Voter Registration  Total Amount Transferred for Voter Registration				
Total Amount Transferred for Voter Registration				
VOTER ID	aftress (larsal)			
Total Amount Transferred for Voter ID	-Bu			
COLA	Artin Marijarini mpa t.1.19			
III) GOTV Total Amount Transferred for GOTV	Meanthun Mussellen and			
la continue de				
I led Campula Campulam Calledia	AMPAIGN ACTIVITY			
Total Amount Transferred for Generic Campaign Activity	P - 79 - 1 - 1 - 1 - 1			
I (Tillianian Alberta and Albe				
	MOUNT TRANSFERRED			
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Lancationard Lanca	allowed and the allowed and and			
BREAKDOWN OF THIS TRANSFER	· · · · · · · · · · · · · · · · · · ·			
i) Voter Registration VOTER REGISTRATION	9)			
Total Amount Transferred for Voter Registration				
VOTER ID				
ii) Voter ID  Total Amount Transferred for Voter ID	<del> </del>			
total Amount Transferred for Voter ID.	San Burney			
III) GOTV	discussive descriptions			
Total Amount Transferred for GOTV				
GPNERIC CA	MPAIGN ACTIVITY			
iv) Generic Campaign Activity				
Total Amount Transferred for Generic Campaign Activity				
	<del>\</del>			
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)				
Element Proposition and Commentarion and	\.			
TOTAL This Period (Voter Registration)				
TOTAL This Period (Voter ID)				
TOTAL This Period (GOTV)	,			
En med management de managemen				
TOTAL This Period (Generic Campaign Activity)	4 - 4 - 2 - 2 - 2 - 2			
TOTAL This Period (Total Amount of Transfers Received)				
Leave Harrison The Control of the Co				
	l l			

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# NOTE: DITHEND ON ODDINGTONS

# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE ( OF ( FOR LINE 30a OF FORM 3X

NA	IME OF COMMITTE		Co	ngressional	Action C	ommittee
/	A. Full Name (Las	it, First, Middle Initia	l) / Full O	rganization Name	☐ Memo Item	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
	Mailing Address City	·····	State	Zip Code		Allocated Activity or Event Year-To-Date
	Purpose of Disburs	sement	State	Zip Code	Category/ Type	Date Date
		DERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
			.	Landon Zinden de		
	B. Full Name (Las	t, First, Middle Initlal	) Æull Or	ganization Name	☐ Memo Item	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campalgr
	Mailing Address					Allocated Activity or Event Year-To-Date
	City		State	Zip Code	parent general process	
	Purpose of Disburs	sement			Category/ Type	Date Constitution
	le audhesalmanlameth	DERAL SHARE	l l	LEVIN		= TOTAL AMOUNT
	C. Full Name (Last	, First, Middle Initial	/ Full Or	ganization Name	☐ Memo Item	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
	Mailing Address					Allocated Activity or Event Year-To-Date
	City		State	Zip Code	70 0	
	Purpose of Disburs	ement			Category/ Type	Date Date
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гот	TAL This Period for			an grand grand grand grand grand		,
					***************************************	FEO Cabadala UC (Fares CV) Day 05/0046

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

NAI	NAME OF COMMITTEE (In Full)  Indiana Chamber Congressional Action Committee				
NAI	ME OF ACCOUNT				
<u> </u>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Usb Schedule L-A)				
	(b) Unitersized				
	(c) Total				
2. 3.	TOTAL RECEIPTS				
	(Add Lines 1c and 2)	·	Consideration of the Constitution of the Const		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID(c) GOTV	Constitution of Prince days of the section of the s	ten en distance di mandra mand		
	(d) Generic Campaign		Constitution of the state of th		
5.					
6. 	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column 8, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)	- Control of the Cont	Land of the state		
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				

Occupation (for Individual)

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

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

# SCHEDULE L-A (FEC Form 3X)

1 PAGE Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS FOR LINE NUMBER: for each category of the (check only one) Aggregation Page Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of sollciting 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) Ongression ummittee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

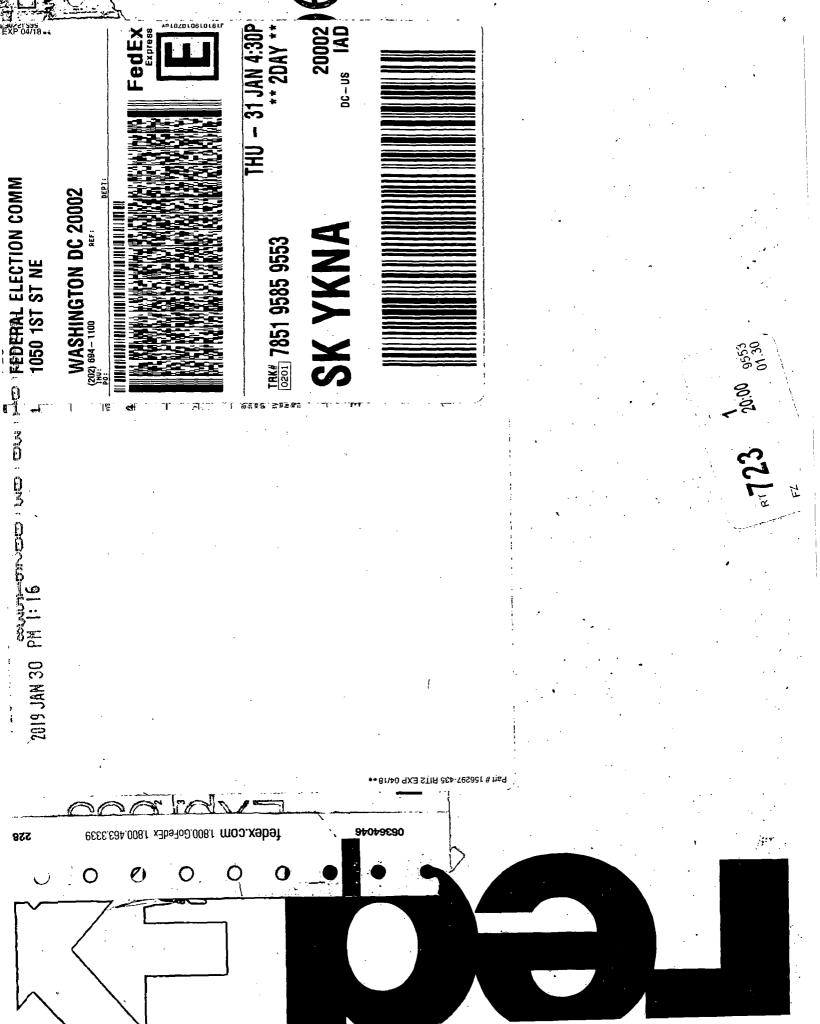
Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 

Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code ne de la collection Name of Employer (for Individual) Aggregate Year-to-Date

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IT	EMIZED DISBURSEMENTS ELEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF Check only one)  4a 4c 5  4b 4d
An	y information copied from such Reports and Statements may for commercial purposes, other than using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
K	NAME OF COMMITTEE (In Full)  Tudi Gna (Sale (Gng+ess)  Full Name (Last, First Middle Initial) / Full Organization Name		
A.	Full Name (Last, First Middle Initial) / Full Organization Nam	ne	Date of Disbursement
	Mailing Address		لــا لــا
	City	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
В.	Full Name (Last, First, Middle Initial) / Full Organization Nam	e	Date of Disbursement
	Mailing Address		Mam / Dad / AaAaA
	City	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
C.	Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
D.	Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	ne	Date of Disbursement
	Mailing Address	MIM , BIB YVIVIV	
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
s	UBTOTAL of Disbursements This Page (optional)		
	OTAL This Period (last page this line number only)		



Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING IT  The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FED-EX	Shipping Date 1-29-19
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
nf	1-30-19
(3/2015)	DATE PREPARED