FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 OCT 25 11:00 And 8 11:25

FEC FORM 3X

Rev. 12/2004

						-ource one one of	
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ♥		nple: If typing, type the lines.	12FE4M5		
$\frac{1}{\sqrt{2}}$	A .	AMBER OF	: COMM	ERCE CO	NGRES	SIONAL	
	DRESS (number and street)	MMITTEE 1115 W.	WASHI	NGTON.	ST	STE. 80	05.
		INDIANK	POLIS		IINI	1462041-1	
2.	FEC IDENTIFICATION I	NUMBER ▼	CITY▲		STATE A	ZIP COD	E 🛦
	c 004055	97	3. IS THIS REPORT	NEW (N)	OR CA	MENDED)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q2) PRE-Elect Report for (Q3) (YE) (d) 30-Day POST-Ele Report for	Mar 20 (M3) Apr 20 (M4) tion the: Election on	May 20 (Jun 20 (Jul 20 (Primary (12P) Convention (12C) General (30G)	M6) Sep	20 (M9) 20 (M10) 4 (12G) F (12S) 2 (12	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5.	Covering Period	U ' [01] ' [2	00 U	through	0 1.2	ZOOG	
	ertify that I have examined se or Print Name of Treasu	I MVW.	BAYNC-	[-	is true, correct an	nd complete.	
Sig	nature of Treasurer	Darly.	Dave	5	Date /	5 29 2	2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEGANO26

Office

Use

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FFC Form 3X (Rev. 02/2003)

Page 2

	FEG FORM SA (Rev. 02/2003)		raye z
\int_{M}	Milliana Chame	angressional Act	ion Committee
Re	sport Covering the Period: From:	D'01'2004	. 10'10'200a
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		
	(b) Cash on Hand at Beginning of Reporting Period	1.1372.29	
	(c) Total Receipts (from Line 19)	3,000.QU	L., 15,500.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7.	Total Disbursements (from Line 31)	10.000.00	11,127.01
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		**************************************
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a multic	andidate 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	-

(subtract Line 18(c) from Line 19) ▶

(A) (A)

M

0

of Disbursements

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		Iotal Tris Period	Calendar Tear-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	lample schmalsers liseralismellenslisers liseralismellen	timental series and the series of the series
	(i) Federal Share	4	
	(1)		Land Care Many Mine Complement Described Complement Com
	(ii) Non-Federal Share		L. M. Marketter Constitution of the contraction of
	(b) Other Federal Operating	Same Among the Control of the Contro	
	Expenditures		
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii), and (b))▶	And the second s	<u> </u>
2.	Transfers to Affiliated/Other Party	A CONTRACTOR OF THE PROPERTY O	
3.	CommitteesContributions to		
	Federal Candidates/Committees and Other Political Committees	M. NOO. OO	11 7701
4.	Independent Expenditures		
*1	(use Schedule E)		1
5.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)		
		Anterior de la company de la c	
6.	Loan Repayments Made		
			Same Carrier C
	Loans Made		Land Carry Branch Strange Carry Process Consent Branch
٠.	(a) Individuals/Persons Other	Because the second contract of the second con	
	Than Political Committees		L
	(b) Retition Borty Committees	Ensurant Control of the Control of t	
	(b) Political Party Committees		The second secon
	(such as PACs)		Y
	(00011 00 1 1100)	Sandanda Carlo Car	Land Completed Property of the State of Completed Property of Co
	(d) Total Contribution Refunds	il an allenantiane de ma ni ane de man etiane de mante d	ىرىنى دەخەرىنى دەخەرى دەخەرى دەخەرى دەخەرىدى دەخەرىدىدى دەخەرىدىدى دەخەرىدىدىدى دەخەرىدىدىدى دەخەرىدىدى دەخەرى
	(add Lines 28(a), (b), and (c))		
			The transfer of the second sec
9.	Other Disbursements		
90.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	W. Company	
	(i) Federal Share		
	(Ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		Carry
	With Federal Funds		
	(c) Total Federal Election Activity (add		Franchischer in general of production of the first of the
	Lines 30(a)(l), 30(a)(ii) and 30(b))▶	0	The state of the s
31,	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	Tetal Cadasal Dishussassassas	The state of the s	The state of the s
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14V (LUV. UI)	71 1770
	nym ame organismos		
		- -	
	•		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Of Disputsements	Page 5
111	. 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)	3.000.00	15,500.00
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3.00000	15,00000
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)	3,000,00	15,500.00

3039250531	
(0)	
Ø	

SCHEDULE A (FEC FORM 3X)	Hoo canavato eshadula(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma	av not be sold or used by any pers	
or for commercial purposes, other than using the name and a	-	· '
NAME OF COMMITTEE (IN Full)		Λ_{a} is Λ_{b}
LIndiana Mamber C	mayessimal 1	ation Committee
A. Fall, Name (Last, First, Middle Initial)	<u> </u>	Date of Receipt
Mailing Address 12275N Oggen Pt	Zip.Codea L —1	10'12'2000
SONOCUSE, IN	<u> 4660 </u>	Amount of Each Receipt this Period
federal political committee	ದ್ವಾಪಡೆಚ್ಚು ಕ್ಷಾರ್ಡ್ನಿ ಪರ್ಚ್ನಿ ಸಂಸ್ಥೆ ಸಂಸ್ಥೆ ಪ್ರತಿಕ್ಷಣೆ ಕ್ಷಾನೆಕರು ಹೊಸಲಾ ಸೀತ್ರಗಳ ಸೇವಿಸುವ ಶಿವಾದ ಸೌವಾಗ್ ಸಿ	Z,000,00
Receipt For: Accurate	aont	
Primary General Aggregate Other (specify)	Year-10-Date ▼	
B. FUTNIAME (Last, First, Middle Unittel) MUVPhy	111	Date of Receipt
Mailing Address 1237 E. JAFCYSOY	BIVCI.	10 15 2000
South Bond, IN		Amount of Each Receipt this Period
federal political committee.	radia editra de de companyo de la co	[
Shame of Employe Chip. Shame of Employe Chip. Shame of Employe Chip. Shame of Employe Chip.	an + CEO	
Receipt For: Aggregate Primary General مراجعت المساورة ا	Year-to-Date ▼	
Other (specify) ▼	<u> </u>	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		LEASON VERSON CONTRACTOR
City State	Zip Code	Continued Reserved Constitues the transfer the continued t
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	inggemen generaly, menganinggan sengarah g 	
Name of Employer Occupation)	
Primary General Characterists	Year-to-Date ▼ The rest of the state of th	
SUBTOTAL of Receipts This Page (optional)	_	3,000.00
TOTAL This Period (last page this line number only)		1 Control Control Control Control Control Control

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summan, Race	(check only one) 21b 22 23

"	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name	*	•	
	NAME OF COMMITTEE (In Full) Name (Last, First, Middle Initial)	Comavessia	ral f	Ction Committee
A.	Frends of Dick L Mailing Address - Nicholan S	lugar H. St. 200		Date of Disbursement
•	Purpose of Disbursement Contribution	V ∩ 11	-{	Amount of Each Disbursement this Period
		X	Category/ Type	L. L. L. C.O. CO
_	State: District:	•		· · · · · · · · · · · · · · · · · · ·
В.		ess Committe	<u> </u>	Date of Disbursement
	Purpose of Disbursement Canadate Name DAN Office Sought: Senate President State: Disbursen		Category/ Type	Amount of Each Disbursement this Period
C.	Full Name (Last, First, Middle Initial) BUUCK + D (MAYCS) Mailing Address D BIX 717	5		Date of Disbursement
	Purpose of Disborsement Candidate Name Condidate N		1960 Category/ Type	Amount of Each Disbursement this Period
	SUBTOTAL of Disbursements This Page (optional)		_	5,000.00
	FOTAL This Period (last page this line number only))		3,000.6D

	•		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE Up Full	-		on Committee
A. Cho Co La for Cona	VCSS		Date of Disbursement
Mailing Address DO ROY (02.79)	J		1101 1031 12000
Purpose of Disburst grent Look Like Acc	State Zip Code		
Candidate Name Office Sought: Litigate Disburser		Category/ Type	Amount of Each Disbursement this Period
Senate	Primary General Other (specify)		
Full Name (Last, First, Middle Initial)	- ·		
. Mill Pence Comm	<u>vittee</u>		Date of Disbursement
Mailing Address PO ANY 409			110 02 2000
Purpose of Disbursengerit	State Zip Eddy 1	5	Amount of Each Disbursement this Pedod
Candidate Name	<u> </u>	Category/	(1000.00)
Office Sought: House Disburser	— /	Туре	mand median Committee Special Section
Senate President State: District:	Other (specify)		· · · · · · · · · · · · · · · · · · ·
C. Full Name (Last, First, Middle Initial)	Mol	İ	Date of Disbursement
Mailing Address PO BOX	1605		10 63 2009
Purpose of Disburgarnent	State Zip Code	31	
Candidate Name (101111)		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: Primary General		
President State: District:	Other (specify)		•
			5,000.00
SURTOYAL of Dishursements This Page (ontional)			5 7 1 1 1 1 1 1 1 A A B

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only 21b	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (IN FUIL)	amaressia	ral P	Iction Committee
A. South First, Middle Initial) Mailing Address P.O. Box 402	<u>55</u> 33		Date of Disbursement
Purpose of Disbursement Candidate Name Senate Disbursement Disbursement Disbursement		Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) B. Malling Address	· · · · · · · · · · · · · · · · · · ·	.	Date of Disbursement
City	State Zip Code		· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary		· · · · · · · · · · · · · · · · · · ·
Fulf Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		"
Purpose of Disbursement			Amount of Each Dishuran word this Davied
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
l -l	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)	₹₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	<u>-</u>	7,000.00
TOTAL This Period (last page this line number only)	**************************************	>	10,000,00

SCHEDULE C (FEC Form 3X) LOANS

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

FOR LINE 13 OF FORM 3X

AME,OF COMMITTEE (In Full)				
indiana Chamber Cimares	sional Action Committee.			
LOAN SOURCE Full Name (Last, First, Middle Initial)				
	Primary General			
Mailing Address	Other (specify)			
Manning vision in				
City State	ZIP Code			
Original Amount of Loan Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
TERMS	Date Due Interest Rate Secured:			
Date Incurred	Date Due Interest Rate Secured: / Was No. 1995 No. 1			
List All Endorsers or Guarantors (if any) to Loan Source	<u> </u>			
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount grantsed Guaranteed Cutstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount <u>waster of the first of </u>			
City State ZIP Code	Guaranteed			
	Outstanding: இண்டு கூறியாகிய கொறிய கூறிய			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	<u> </u>			
Citý State ZIP Code	Amount yaangan gangangan gangan gang gangan gangan gang gang gangan gang /del>			
Only Child Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
;	Occupation			
Mailing Address	Company			
	Amount <u>Exemplement of the Complete State of</u>			
City State ZIP Code	Guaranteed Butstanding: Cutstanding: Cutstan			
<u> </u>				
	Scores Grand and Second			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for th	his line. If no Schedule D, carry forward to appropriate line of Summary.			

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

Supplementary for

INCHINALION	louid on	
Page	of Schedule (C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (IN FUII) \[\land \lan	ressional Ac	FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		the state of the s
	Andrew Control of the	%
Mailing Address	·	the state of the second of the state of the
City State Zip Code	Date Incurred or Established Date Due	
A, Has loan been restructured? No Yes	If yes, date originally incurred	
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)	!
D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	What is the value of this collateral?
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of intere- collateral for the loan? No Yes If yes, s		What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	•
	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on when the basis on which was made and the basis of th	amount pledged does not equal or exceed hich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of this institution is aware of the requirement that complied with the requirements set forth at 11 C 	ncluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basi	avorable at the time than those imposed for is which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		Salter Charles Committee of Salter Sa
	tle	

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)
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check 🛄
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
\cdot
This ratio applies to (check all that apply):

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (INFUII) WANDER (MAYES) WANDER (MAYES) WANDER (MAYES) WANDER (MAYES)		ominities
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommented the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commederal and nonfederal candidates, regardless of whether there is a real allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	======================================	NONE DED 41 or
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL 96	NONEEDERAL 0/
ACTIVITY is: Fundraising	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FFDFD41 av	110115555551
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	SECENAL SI	Novices
ACTIVITY IS: Fundralsing Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		. · · · · · · · · · · · · · · · · · · ·

NONFEDERAL %

FEDERAL %

ACTIVITY IS:

Fundraising

CHECK IF THE RATIO IS:

New

Revised

Direct Candidate Support

Same as Previously Reported

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

ļ	PAGE		0	F		
	FOR	LINE	18a	OF	FORM	зΧ

AME (LANA MAIN WA	MARSSIAN	al ACA	ion Committee
NAM	E OF ACCOUNT	DATE OF RECEIPT	$\frac{\omega_1}{\omega_1}$	TOTAL AMOUNT TRANSFERRED
			- Anderson Anderson	Sandanda of the Control of the Contr
			- Caralle - Caral	And the San
BRE	AKDOWN OF TRANSFER RECEIVED			
1)	Total Administrative			
	Accorde Material Balance			
")	Generic Voter Drive			
iii)	Exempt Activities		411444111411411411411411411411411411411	
lv)	Direct Fundraising (List Activity or Event Idea	ntifler)		The state of the s
		Control of the contro	लन्दीय नवीन्यानीयनवरीमटः	₹ 1 .
	a)	j ? !	······································	
	b)		militari Pransilari	
		The Control of		
	c) Total Amount Transferred For Direct Fundra	ising		
\ v}	Direct Candidate Support (List Activity or Ev	ent identifier)		
				7
	а)		erritered Steers Constitution	
	b)			
		English Control of Control of State and Laborate (400)	describeration (Trees Comme	
1	c) Total Amount Transferred For Direct Candid	late Support		Married Control of the Control of th
l vi)	Public Communications Referring Only to	Party (Made by PAC)		
1 .,		R BREAKDOWN OF TRA		
	TOTALST	The state of the s		!!:::::::::::::::::::::::::::::::::::
TOTAL	This Period (Administrative)			<u> </u>
TOTAL	This Period (Generic Voter Drive)	į.		
TOTAL	This Pation (Generic Voter Drive)	Sec.	hardenderster withhere ga n gran g	Comments of the control of the contr
TOTAL	This Period (Exempt Activities)		in and the second secon	<u></u>
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TOTAL	This Period (Direct Fundraising)		····	
TOTAL	This Period (Direct Candidate Support)			<u> </u>
				Filester Control Contr
TOTAL	This Period (Public Communications Referring	Only to Party)		<u></u>
TOTAL	. This Period (Total Amount Transferred)			
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	HEDULE H4 (FEC Form 3X) SBURSEMENTS FOR ALLOCA	TED			PAGE OF
	DERAL/NONFEDERAL ACTIVI				FOR LINE 21a OF FORM 3X
$\frac{N}{N}$	ME OF COMMITTEE (MILEUII) ME OF COMMITTEE (MILEUII) ME OF COMMITTEE (MILEUII)	an	OVESSIO	nal A	ction Committee
A.	Full Name (Last, First, Middle Initial)		J		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		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
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				A	
<u> —</u> В.	Full Name (Last, First, Middle Initial)	81			Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Oate Control / C
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
		1			
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundralsing Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		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 Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		en de la constant			
5	UBTOTAL of Allocated Federal and NonFedera	al Activity Th	nis Page		
	FEDERAL SHARE		NONFEDERAL	and the section of the second /del>	= TOTAL AMOUNT
т	OTAL This Period (last page for each line only FEDERAL SHARE	/)(Federal sh	NONFEDERAL	d NonFederal si SHARE	nare to 21(a)(ii)) TOTAL AMOUNT

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)

FOR LINE 185	OF FORM 3X
Molana Mamber Compressional Action Commit	1ce
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFER	(
BREAKDOWN OF THIS TRANSFER	
VOTER REGISTRATION I) Voter Registration پیستان دی داری کا کا کان کا کان کان کان کان کان کان کا	
Total Amount Transferred for Voter Registration	
VOTER ID il) Voter ID	
Total Amount Transferred for Voter ID	
GOTV	
iii) GOTV Total Amount Transferred for GOTV	
GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	
	<u>Hageral</u>
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFER	RED
	
BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION	
I) Voter Registration	
Total Amount Transferred for Voter Registration	
VOTER ID II) Voter ID	
Total Amount Transferred for Voter ID	
GOTV iii) GOTV	
Total Amount Transferred for GOTV	
GENERIC CAMPAIGN ACTIVITY 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)	çesur.
TOTAL This Period (Total Amount of Transfers Received)	

PAGE

M.

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

NAME OF COMMITTEE AS EAR					
Malana Chamber Compressional Action Committee					
A. Full Name (Last, First, Middle I				Type of Allocated Activity or Event:	
1			l	Voter Registration GOTV	
	Voter ID Generic Campai				
				Allogated Astinibuor Event Vens To Date	
Mailing Address				Allocated Activity or Event Year-To-Date	
Cithy	Linta	In Paga	<u> </u>		
City	State	Zip Code		was the second of the second o	
Purpose of Disbursement	·	<u> </u>	_ [THE STREET ! THE STREET !	
. Alkaga at proper settleth			Category/	Date	
			Туре		
FEDERAL SHARE		LEVIN SH ن در پرسورد سرود در پرسورد در پرس و		= TOTAL AMOUNT	
	1				
Carrier and any December 1 and December 1		u Namida. Sh Baraka. G			
B. Full Name (Last, First, Middle)	initial) / Full Organ	nization Name	ļ	Type of Allocated Activity or Event:	
				Voter Registration GOTV Voter ID Generic Campai	
				L. Genera Campa	
Mailing Address		···		Allocated Activity or Event Year-To-Date	
Trianing 2 to 21 000				[] [] [] [] [] [] [] [] [] []	
City	State	Zip Code	9 		
Purpose of Disbursement			Category/	LARAN ABARA VALABADA	
			Type	Date [
FEDERAL SHARE		LEVIN SH	MADE	TOTAL AMOUNT	
LEACUAL QUARE	T	FEAIN SL	MNE	- 1010E NINOUTT	
		adamahashasilanda FEAM 21			
	<u> </u>		<u> </u>		
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(and and the second s	<u> </u>		
(and and the second s	<u> </u>	Type of Allocated Activity or Event:	
(and and the second s	<u> </u>	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa	
(and and the second s	<u> </u>	Type of Allocated Activity or Event: Voter Registration Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle Mailing Address	Initial) / Full Orga	nization Name	<u> </u>	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle		and and the second s	<u> </u>	Type of Allocated Activity or Event: Voter Registration Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle Mailing Address	Initial) / Full Orga	nization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle Mailing Address	Initial) / Full Orga	nization Name	Category/	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement	Initial) / Full Orga	nization Name	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE	Initial) / Full Orga	zip Code	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE	Initial) / Full Organ	Zip Code	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement	Initial) / Full Organ	zip Code	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE	Initial) / Full Orga	nization Name Zip Code	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE SUBTOTAL of Shared Federal and L FEDERAL SHARE	Initial) / Full Organ	nization Name Zip Code	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE SUBTOTAL of Shared Federal and L	Initial) / Full Organ	nization Name Zip Code LEVIN SH	Category/ Type	Type of Allocated Activity or Event: Voter Registration Generic Campa Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE SUBTOTAL of Shared Federal and L FEDERAL SHARE	Initial) / Full Organ	Zip Code LEVIN SH	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE FEDERAL SHARE TOTAL This Period (last page for ear	Initial) / Full Organ State + .evin Activity This + ch line only)(Fede	Zip Code LEVIN SH	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT 30(a)(ii))	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE FEDERAL SHARE TOTAL This Period (last page for ear FEDERAL SHARE)	Initial) / Full Organ State	Zip Code LEVIN SH	Category/ Type	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE FEDERAL SHARE TOTAL This Period (last page for ear FEDERAL SHARE)	Initial) / Full Organ	Zip Code LEVIN SH Page LEVIN SH	Category/ Type ARE Id Levin share to	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT 30(a)(ii))	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE FEDERAL SHARE TOTAL This Period (last page for ear FEDERAL SHARE)	Initial) / Full Organ	Zip Code LEVIN SH	Category/ Type ARE IARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	
C. Full Name (Last, First, Middle Mailing Address City Purpose of Disbursement FEDERAL SHARE FEDERAL SHARE TOTAL This Period (last page for ear FEDERAL SHARE)	Initial) / Full Organ State + .evIn Activity This + ch line only)(Fede	Zip Code LEVIN SH Page LEVIN SH Page LEVIN SH Page LEVIN SH Page LEVIN SH	Category/ Type ARE IARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	

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

NAM V	E OF COMMITTERY IN FUIL)	Congressional Action	n ammittee
NAM	E OF ACCOUNT	J	: : :
	•	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized		
	(Use Schedule L-A) (b) Unitemized	<u> </u>	
•	(c) Total		
2.	OTHER RECEIPTS	[
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	L	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Usa Schedule L-8)		;
	(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		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
			-

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE OF
	FOR LINE 24 OF FORM 3X
THE OF COMMITTEE (ID Full) NOT CHECK IF 24-hour notice 48-hour notice	FEC IDENTIFICATION NUMBER V
Full Name (Last, First, Middle Initial) of Payee	11100
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Signature Date	

SCHEDULE	F (FEC Fo	rm 3X)				
	OORDINATE					
	PARTY COMM				NT(S)	
(2 U.S.C. §4	F OF CANDID 41a(d))					
/2 0/0/0/3		(To be us	sed only by Po	litical Committe	ses in the Gene	ral Elec
NAME OF COM	MITTEE (In Full)	 . l	Λ		1. 1.	\circ
Handia	MITTEE (IN FUII)	MYHN	UMAYO	Simal	HCHIM	(N)

J.S.C. §441a(d))	be used only	by Political Committ	ees in the Gene	ral Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (IR FUII)	er amo	Nessimal	Action	Cmtc.	Check if 24-hour notice
your committee been designated to maintained expenditures by a political part YES NO	· ·	Fell Name of Subord	inate Committee		
ES, name the designating committee:		Mailing Address		Stat	te ZIP(Code
		City		Purpose of Expe	
Full Name (Last, First, Middle Initial) o	Each Payee			rdipose or Expe	Category/
Mailing Address				Date	i Type
City	State	Zìp Code	-		
Name of Federal Candidate Supported	Office Sough	 {	State: District:		
Aggregate General Election		· · · · · · · · · · · · · · · · · · ·	§	ing (2 U.	sed Due to Opponent's Spend S.C. §441a(I)/441a-1)
Full Name (Last, First, Middle Initial) o	f Each Payee			Purpose of Expe	Category/
Mailing Address				Date	Type
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sough	· }	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate			i i	Limit Ra	sed Due to Opponent's Spend S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) o	f Each Payee	en e		Purpose of Exp	enditure Category/
Mailing Address		A Charles	79 47	Date	Туре
Сіту	State			-	
Name of Federal Candidate Supported	Office Sough	Senate Presidential	State: Oistrict:	Amount	
Aggregate General Election Expenditure for this Candidate ▶		the Control of the Co	Į.	Limit Ra	ised Due to Opponent's Spend .S.C. §441a(i)/441a-1)
UBTOTAL of Expenditures This Page (<u></u>		
OTAL This Period (last page this line n	umber only)		·····	<u> </u>	Samuel Samuel Samuel & Samuel Samuel Samuel Samuel Samuel

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

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

FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5 4d

OF	F LEVIN FUNDS	Aggregation Page 1	☐ 4b ☐ 4d —
	y information copied from such Reports and Statements may no for commercial purposes, other than using the name and addre		• •
\rangle	NAME OF COMMITTEE (In Full) WATCHA Chamber Chare	ssignal Action	
A.	Full Name (Last, First, Middle Initial) / Full Organization_Name		Date of Disbursement
1	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
<u> </u>	Full Name (Last, First, Middle Initial) / Full Organization Name	· · · -	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 Name		Date of Disbursement
	Mailing Address	<u>-</u>	
	City State	Zip Code	Amount of Each Disbursement this Period
•••	Purpose of Disbursement ,		
Ε.	Full Name (Last, First, Middle Initial) / Full Organization Name	9	Date of Disbursement
	Mailing Address		May Lang Lange
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
s	SUBTOTAL of Disbursements This Page (optional)	>	
T	OTAL This Period (last page this line number only)		

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

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

	PAGE	OF
FOR LINE NUMBER: (check only one)	la la	2

		Aggregation Page	(check only one) ^{1a} 2
	y information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address		
<u> </u>		issional Ac	tion Committee
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
		7:- 0-2-	Amount of Each Receipt this Period
	City	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		Aggregate rear-to-bate
	Full Name /Last First Middle Initials / Full Occurrence Name		Date of Receipt
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
			Amount of Each Receipt this Period
	City	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Vegr-to-Date
	Occupation		Aggregate Year-to-Date
	Full Name (Last Circle 1994) - 1 19 19 1 - 1 19 19		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
			Amount of Each Receipt this Period
	City	` Zip Code	
	Name of Employer or Principal Place of Business		Apprenate Vogs-to-Date
	Occupation		Aggregate Year-to-Date
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
			Amount of Each Receipt this Period
	City	Zip Code	
	Name of Employer or Principal Place of Business		Accrecate Veer-to-Date
	Occupation -		Aggregate Year-to-Date
8	UBTOTAL of Receipts This Page (optional)	<u></u>	
T	OTAL This Period (last page this line number only)	>	
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

	PAGE	OF
FOR LIN (check of	E NUMBER:	9

NAME OF COMMITTEE (In Full)	Δ	
Indiana Chamber	Compressional R	tion Committee
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
Mailing Address	-	
		i i
City State	Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Perlod	Outstanding Balance at Close of This Period
5.5.5.00 00 00 00 00 00 00 00 00 00 00 00 00	the transfer of the second of	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Mailing Address		1
City State	Żip Code	
Outstanding Balance Seginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)		
2) TOTALS This Period (last page this line number	er onty)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	MING DOCUMENTS	
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked	
USPS Registered/Certified	Postmarked (R/C	;)
USPS Priority Mail	Postmarked	
Delivery Confirmation™ or Signature	Confirmation™ Label	ļ
USPS Express Mail	Postmarked	:
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	<. /
Feder Next B	usiness Day Delivery	
Received from House Records & Registration Office	Date of Receipt e	۸.
Received from Senate Public Records Office	Date of Receipt	_
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	te of Receipt or Postmarked	
DEEDADED	DATE PREPARE	, ,
(3/2005)	DATE PREPARE	<u>.</u>