FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 DEC -6 AM 9: 25

TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. 11 N 10 11 A N A 1 C H A M D E R CO V G R E S S 10 N A C A CIT 1 O N CIOIMIMI IITITIEIEI 1A151 HI 1 INIG ITIO INI 15 1/ 1510111*T*1B DDRESS (number and street) j Check if different than previously $N_1D_1I_1A_1N_1A_1P_1O_1L_1I_1S_1$ 14,6,2,2,0 reported. (ACC) Ö CITY A STATE A ZIP CODE ▲ FEC IDENTIFICATION NUMBER ▼ : 2 3. IS THIS **AMENDED NEW** X 0.4.0.5.5.9. :0 :6 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) **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the:

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Election on

Type or Print Name of Treasurer

Termination Report

(TER)

Signature of Treasurer

Covering Period

Jell Bent

Date

77/30

in the

State of

2018

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

through

Office		•				FEC FORM 3X	
Use				Į		Rev. 05/2016	
 Only	1 1		_ [Nev. 05/2010	\square

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2
Indiqua (hamber Congressional Action Committee
Report Covering the Period: From: 10 16 2018 To: 17 26 2018
COLUMN A COLUMN B This Period Calendar Year-to-Date
(a) Cash on Hand January 1, 2018
(b) Cash on Hand at Beginning of Reporting Period
(c) Total Receipts (from Line 19)
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)
Total Disbursements (from Line 31)
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)
This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
For further information contact:
Federal Election Commission 999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

		FEC Form 3X (Rev. 05/2016)	or recorpts	Page 3
	W	rite or Type/Committee Name		
			ongressional Action	
	_	Indiana (yamber C	1019 E271019 17 CT104	Commistee
	R	eport Covering the Period: From:	0 18 ZO18 TO	o: [[26 / Zo(8
		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)		
2		(ii) Unitemized		
١Ō		(iii) TOTAL (add		
2 <u>0</u> 18		Lines 11(a)(i) and (ii)▶		1
Q				
1		(b) Political Party Committees		
$\frac{1}{2}$		(c) Other Political Committees	· · · · · · · · · · · · · · · · · · ·	
-		(such as PACs)		
<u>0</u>		(d) Total Contributions (add Lines		
Ь		11(a)(iii), (b), and (c)) (Carry		
÷D.	12.	Totals to Line 33, page 5) Transfers From Affiliated/Other		<u> </u>
0 3	12.	Party Committees		
_		raity committees		
ΙQ	13.	All Loans Received		\mathcal{O}
Q				
듵	14.	Loan Repayments Received		Ø
Õ		Offsets To Operating Expenditures		7-1-7-1-7-
		(Refunds, Rebates, etc.)		
5 3 8		(Carry Totals to Line 37, page 5)		
8	16.	Refunds of Contributions Made		
		to Federal Candidates and Other	<u> </u>	A.
	47	Political Committees	7 7 7	
	17.	Other Federal Receipts (Dividends, Interest, etc.)		OX.
	18	Transfers from Non-Federal and Levin Funds		
		(a) Non-Federal Account		
		(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		<u> </u>
		(subtract Line 18(c) from Line 19)▶	L. Z. Z. Z. Z.	<u> </u>

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 25. 26. Loan Repayments Made..... Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... 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 Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

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from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	· · · · · · · · · · · · · · · · · · ·		5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
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))▶		P
	Offsets to Operating Expenditures (from Line 15, page 3)		
[Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Full Name of Individual (Last, First, Middle In A. Mailing Address	e name and address of any political committee	
FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Receipt For: Primary Other (specify)	Occupation (for Individual) Aggregate Year-to-Date ▼	Memo Item
Full Name of Individual (Last, First, Middle In B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Occupation (or Individual) Aggregate Year-to-Date	Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle In C. Mailing Address City	State Zip Code	Date of Receipt 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: Primary General Other (specify)	Aggregate Year-to-Date ▼]
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE B (FEC Form 3X)	F	OR LINE NUMBER: PAGE OF
TEMIZED DISBURSEMENTS		heck only one)
	Detailed Summary Page	21b 22 23 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and State	ements may not be sold or used by	any person for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any political con	nmittee to solicit contributions from such committee.
NAME OF SOMMITTEE (In Full)	۸.	
ladique Chamber Co	ngtessional Actio	12 Committee
Full Name (Last, First, Middle Initial)		
Α.		Date of Disbursement
Mailing Address	 	M M / O O / Y Y Y Y Y Y
		Manufaced Muselman Manufaced
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	- I Parameter	
Condition Name		
Candidate Name		egory/ Amount of Each Disbursement this Perio
Office Sought: House Disburse	ment For:	, pc
Senate	Primary General	Recommend Records Account them as the control of th
President State: District:	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
3.		Date of Disbursement
Mailing Address		MUM / D O / YAYAY
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City	State Zip Code	FEC Identification Number
Purpose of Disbursement	\$12-\frac{12.5}{2.5}	C
		Land and the section of the section
Candidate Name		gov/ Amount of Each Disbursement this Perio
Office Sought: House Disburse	ment For:	
Senate	Primary General	
President State: District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
).		Date of Disbursement
Mailing Address		MEM / C. PO , LAGARAL
		beatered by the beatered
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	National Property of the Prope	C
	p.	San
Candidate Name	Cate	gory/ Amount of Each Disbursement this Perio
Office Sought: House Disburse	ment For:	(pe
Senate	Primary General	
State: District:	Other (specify) ▼	Memo Item
		
SUBTOTAL of Disbursements This Page (optional).	,	
TOTAL This Boried (lest page this line number out)	1	
.TOTAL This Period (last page this line number only	J	

CHEDULE C (FEC	Form 3X)		÷	·
DANS			Use separate schedule(s) for each category of the	PAGE OF
			Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In F	ull)		:	<u> </u>
Indiana C	amber (ongressional H	Action Cornittee	
LOAN SQURCE Full Nar	ne (Last, First, Mi	ddle Initial)	☐ Memo Item ☐	ection: Primary
				General
Mailing Address			L	Other (specify) ▼
City	\	State ZIP Co	ode	·
Original Amount of Loan		Cumulative Payment To		Outstanding at Close of This Perio
TERMS Date Incurr	ad	Data Dua	Interest Date	Converd
		Date Due	Interest Rate	
				% (apr) Yes No
List All Endorsers or Gua	SERVICE AND ADMINISTRATION OF THE PROPERTY OF	o Yoan Source		
1. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	•			
City	State	ZIP Code	Amount Guaranteed Outstanding:	famed mandage and
2. Full Name (Last, First, I	Middle Initial)		Name of Employer	Timestandensi Timesta mulimes Timestanus T
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Mailing Address			Occupation	
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Oity	State	Zii Gode	Guaranteed	7 7 7 292 1 7 200 7
3. Full Name (Last, First, I	Middle Initial)	<u> </u>	Name of Employer	A Transfer of the Control of the Con
Mailing Address			Occupation	
City	State	ZIP Code	Amount	เพาะเก็บานนใหม่ หนึ่งของเรียก เหมือน เม
			Guaranteed Outstanding:	
4. Full Name (Last, First, I	Middle Initial)		Name of Employer	Tabasa see see see see see see see see see
Mailing Address			Occupation	
City	State	ZIP Code	Amount	and a second second second second second
Oity	State	211 3000	Amount Guaranteed Outstanding:	
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OTALS This Period (last page	ge in this line only	·)		
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501	1EDULE C-1 (FEC FORM 3X)		Supplementary for		
LO/	ANS AND LINES OF CREDIT FROM L	ENDING INSTITUTIONS	·		
Fede	al Election Commission, Washington, D.C. 20463	•	Page/_ of Schedule C		
	E QF COMMITTEE (In Full)		EEO IDENTIFICATION NUMBER		
""			FEC IDENTIFICATION NUMBER		
V	Indiana Chamber Congressional	Action Committees	C0.0,4.0,5,5.9.7		
LEN	DING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full	Name	Commedian or all anemal mention and in a few and in a second	in the second se		
		Local Caroline Themselmant	zalizadaza kazalarak		
Maili	ng Address				
		Date Incurred or Established			
City	State Zip Code		MANA NEGATION (Asiastan		
		Date Due			
		1			
	. Has loan been restructured? No Yes	If yes, date originally incurred	M V D V D V V V V V V V V V V V V V V V		
<u> </u>			total trial trial		
	i. If line of credit,	Total Outstanding	Handenaturalism I make make a straight of the		
	Amount of this Draw:	Ralanco:	months of the offered and the selection of the selection		
-	. Are other parties secondarily liable for the debt incur	rrad?			
	•	nust be reported on Schedule C.)			
l l	. Are any of the following pledged as collateral for the	······································	What is the value of this collateral?		
-	property, goods, negotiable instruments, certificates	of deposit, chattel papers,	land bana the relieves to any term to small result and to make any		
-	stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?	Secretaria de la como		
- 1	No Yes If yes, specify:		Door the lander have a restacted equivily		
			Does the lender have a perfected security interest in it? \(\bigcap \) No \(\bigcap \) Yes		
E	. Are any future contributions or future receipts of inte	rest income, pledged as	What is the estimated value?		
- 1	collateral for the loan? No Yes If yes,		[boundless upon reference chance charter the areal room the area have all		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
ŀ	Date account established:	Address:			
ļ	Mumi / [010] / [VIVIVII]				
-		City, State, Zip:			
F.	If neither of the types of collateral described above w				
	the loan amount, state the basis upon which this loan	n was made and the basis on whi	ch it assures repayment.		
1					
G	. COMMITTEE TREASURER		DATE		
	Typed Name		Amend , Bash , Landard		
	Signature				
\ 					
<u>H</u>	Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION:				
'	 To the best of this institution's knowledge, the to are accurate as stated above. 				
	II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.				
	III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis	which assures repayment, and has g this loan.		
AUTH	ORIZED REPRESENTATIVE		DATE		
	d Name ·				
Signa	ature Ti	tle			

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SCHEDULE D (FEC Form 3X)	(Use separate PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:
Excluding boans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full)	. Herring the house of the hous
Indiana Chamber Congressional Action C	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	Tractice of Bost (Fullpoop)
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
Attour menter 1113 ; stood	Outstanding balance at close of this remod
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	, tande of 2000 (, 2,p000),
Mailing Address	·
City State Zip Code	
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Outstanding Balance Beginning This Period	
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Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
Autority months and a final to refer the second and a sec	Constanting Datatice at Close of This 1 6100
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	\
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Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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	Andrew Property and the State of the State o
1) SUBTOTALS This Period This Page (optional)	>
O) TOTAL O This Deviat float and the first section of the first section	
2) TOTALS This Period (last page this line number only)	>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
A) ADD 2) and 2) and corn forward to constraint the state of Corn and Corn	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on	(y) ► (1

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ¥ Congression Action Committee Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee ☐ Memo Item Date of Public Distribution/Dissemination Mailing Address Amount State Zip Code City 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: General Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name of Payee ☐ Memo Item Date of Public Distribution/Dissemination Mailing Address Amount State Zip Code City Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate: Office Sought: Support House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

(a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

Signature

Date	M	/ D D /	V 1 V 1 V 1
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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	eral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congres	sions Herton Con	mmittee
Has your committee been designated to make	Full Name of Subordinate Committee	
coordinated expenditures by a political party committee? YES NO		
If YES, name the designating committee:	Mailing Address	
	City	1 Ohea-
	City	State ZIP Code
Full Name (Last, Picst, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
		Category/
Mailing Address		Туре
City	Zip Code	Date
Name of Federal Candidate Supported Office Sough	——————————————————————————————————————	Amount
	Senate District:	
Aggregate General Election	and and well and and and	la median ellen el d'hemilmenden et l'invalence le c'hilmenden et
Expenditure for this Candidate	browners of There is the consecution and the consecution of the consec	
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
		I consecutivament leaves
Mailing Address		Category/ Type
0.4	7: 0-1-	Date
City State	Zip Code	M T M T T T T T T T T T T T T T T T T T
Name of Federal Candidate Supported Office Sough	it: House State:	Amount
	Senate District:	I work and an all and an all and a second and a second
Aggregate General Election	Fresidential	and beauther of The miles and a well time the scale military is a said
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Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type-
		Date
City	Zip Code	1 0 11 0 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0
Name of Federal Candidate Supported Office Sough	t: House State:	Amount
	Senate District:	lossitamine attendimenti antimatem atmatas femal
Aggregate Conord Floation	Presidential	name in the second in the second
Expanditure for this Candidate		
		Lander of the state of the stat
SUBTOTAL of Expenditures This Page (optional)	·····	
TOTAL This Period (last page this line number only)		

PAGE

OF

METHOD OF ALLOCATION FOR:

NO-10 1-NI DE DA DONDADO

- 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 Full)				
Indiana Charles Congressional Action Committee				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
Indicate ratio below				
Federal%				
Nonfederal				
This ratio applies to (check all that apply):				
Administrative Generic Voter Drive Public Communications Referencing Party Only				

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SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In. Full) Congressional RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the acthity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OF EVENT IDENTIFIER FEDERAL % NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % **ACTIVITY IS:** Direct Candidate Support Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % **ACTIVITY IS:** Fundraising **Direct Candidate Support** CHECK IF THE RATIO IS: Same as Previously Reported Revised New **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported 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: Fundraising **Direct Candidate Support** CHECK IF THE RATIO IS: New Revised Same as Previously Reported

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL MONFEDERAL ACTIVITY

U 8.	-Differentacial Forther Wolfat	188			FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (In Full) Indiana Chamber Congr	+eggivzg	Action	Connitte	e
Ā.	Full Name (Last, First, Middle Initial)		·	☐ Memo Item	Allocated Activity or Event:
	<u> </u>				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:			limed-male and	Allocated Activity or Event Year-To-Date
`					
	Activity or Event Identifier:			Category/	
 				Туре	Date
	FEDERAL SHARE		NONFEDERAL		= TOTAL AMOUNT
1	The standard of the standard o		handamphanha	hard hard	the state of the s
		Hamilton Const	E. A. V. Die		
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address			····	Administrative Fundraising 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
	rapose of Biobalbonicin.	`		- Charles Con	
	Activity or Event Identifier:			lucedora de la constitución de l	Paradament Photos and Photos and Paradament
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	and the second of the second o	landless bend	Bennethers Herre	the factor of the same	lander de miliera de malera de
	Landar Slin Amelo 3E albanto 3E al		Entrekaile.		
C.	Full Name (Last, First, Middle Initial)			☐ Memb Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundralsing Exempt
	Maining Addition			}	U Voter Drive ☐ Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
-	Durance of Dishursoments	<u> </u>			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			Suradamidamo)	The state of the s
-	Activity or Event Identifier:				
				Category/ Type	Date / Date
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
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		L		1-1-7-1	Complementario de la complemen
SU	BTOTAL of Allocated Federal and NonFederal	Activity This P	age		
	FEDERAL SHARE	+ . N	IONFEDERAL		TOTAL AMOUNT
		i de la constante de la consta	Amerikan Amerikan	aparaharaharahara	
TO	TAL This Period (last page for each line only)(F		10 21(2)(i) and		10 21(a)(ii)
10	FEDERAL SHARE		to 21(a)(i) and IONFEDERAL :		re to 21(a)(ii)) TOTAL AMOUNT
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Timber Tim		

OF

PAGE

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

	PAGI	Ξ	(0	F	(
Ì	FOR	LINE	18a	OF	FORM	зх

NAME OF COMMITTEE (In Full)				
Indiana Chamber Congression / Hetion Committee				
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED				
BREAKDOWN OF TRANSFER RECEIVED				
i) Total Administrative				
li) Generic Voter Drive				
ili) Exempt Activities				
Iv) Direct Fundraising (List Activity or Event Identifier)				
a)				
b)				
c) Total Amount Transferred For Direct Fundraising				
v) Direct Candidate Support (List Activity or Event Identifier)				
a)				
b)				
c) Total Amount Transferred For Direct Candidate Support.				
vi) Public Communications Referring Only to Party (Made by PAC)				
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED				
TOTAL This Period (Administrative)				
TOTAL This Period (Generic Voter Drive)				
TOTAL This Period (Exempt Activities)				
TOTAL This Period (Direct Fundralsing)				
TOTAL This Period (Direct Candidate Support)				
TOTAL This Period (Public Communications Referring Only to Party)				
TOTAL This Period (Total Amount Transferred)				

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 18b OF FORM 3X			
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congression Hetion Com				
	TOTAL AMOUNT TRANSFERRED			
BREAKDOWN OF THIS TRANSFER				
VOTER REGISTRATION VOTER REGISTRATION				
Total Amount Transferred for Voter Registration				
ii) Voter (D				
Total Amount Transferred for Voter ID	GOTV			
iil) GOTV Total Amount Transferred for GOTV				
	GENERIC CAMPAIGN ACTIVITY			
Total Amount Transferred for Generic Campaign Activity				
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	HERMANIAN CONTRACTOR OF THE STATE OF THE STA			
Tener On a ment	linear through the market and the Commission of			
BREAKDOWN OF THIS TRANSFER				
i) Voter Registration Total Amount Transferred for Voter Registration				
None discussificace d	ID			
Total Amount Transferred for Voter ID				
	GOTV			
Total Amount Transferred for GOTV	215 Royal 275			
lv) Generic Campaign Activity	BENERIC CAMPAIGN ACTIVITY			
Total Amount Transferred for Generic Campaign Activity				
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Pa	age Only)			
the second and the se	manufacturing management			
TOTAL This Period (Voter Registration)				
TOTAL This Period (Voter ID)				
The state of the s				
TOTAL This Period (GOTV)				
TOTAL This Period (Generic Campaign Activity)	7 1 1 3			
TOTAL This Period (Total Amount of Transfers Received)				
TOTAL THIS T CHOO (TOTAL AUTOURL OF HAUSICIS RECEIVED)				

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	1	OF		
ı	FOR LINE	30a	OF	FORM	3)

	<u></u>		
AME OF COMMITTEE (In Full)	Congressional	Action C	ommittee
A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity or Event:
77. Year Hearts (2001) Yillout Minor Minor	Trul Organization Name	<u> </u>	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date
City	State Zip Code		Mawl , Loud , Land
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE	+ LEVIN S	SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial)	Eull Organization Name	☐ Memo Item	Type of Allocated Activity or Event:
ן ט. ו טוו ושמווש (במסג, רווסג, ושונטוש ווזונומו)	7 Un Organization Ivallie	□ Memo nem	Voter Registration GOTV Voter ID Generic Campaign
			Allocated Activity or Event Year-To-Date
Mailing Address	15.0		Anotated Activity of Event Tea-10-Date
City	State Zip Code	A second second second	Samuellanus demon Januarit energianes Januarit energia en esta de la companya de la companya de la companya de
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE	+ LEVIN S	HARE	= TOTAL AMOUNT
ใหม่อนเป็นกระเดียวการเป็นความปักษามาถึงการเพื่อการเหมียวแบบสิดหมายในก			
made and and Tar almost bear I in the state of	man land washes land and market allow	Maria maria de la composición dela composición d	March modern 170 with modern 170 mate our factorists and
C. Full Name (Last, First, Middle Initial)	/ Full Organization Name	☐ Memo ttem	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	المحالما	
Purpose of Disbursement		Category/	Date Date
		Туре	lamband broken brokenska
FEDERAL SHARE	LEVIN S + LEVIN S		TOTAL AMOUNT
eneralism of the columns flowered mass flowe			
BTOTAL of Shared Federal and Levin A	ctivity This Page		
FEDERAL SHARE	+ LEVIN S		= TOTAL AMOUNT
TAL This Period (last page for each line FEDERAL SHARE	only)(Federal share to 30(a)(i) a		30(a)(ii)) TOTAL AMOUNT
	LEVIN S		
TAL This Period for the Levin Share			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAN	NAME OF COMMITTEE (In Full) Indiana Chamber Congressions Hetion Committee				
NAME OF ACCOUNT					
!		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Usa Schadule L-A)				
	(b) Uniterrized				
	(c) Total				
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	·	and the second s		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID	American Management Management of Control of State of Control of C			
	(c) GOTV(d) Generic Campaign	The second secon			
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 8)				
			. ,		

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)

	·		Aggreg	ation Page	(check only one) 1a 2				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Lydiqua Charber Congressiona Action Counsitee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt								
4	Full Name of Individual (Last, First, Middle Initial) or Full C	Organizat	tion Nam	ne 🗌 Memo Item	Date of Receipt				
Α.					M 1 M / D 0 / Y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
_	ailing Address				Amount of Each Receipt this Period				
	City	State		Zip Code	beneficant at almost and south west and south sore				
	Name of Employer (for Individual)				Aggregate Year-to-Date				
ļ	Occupation (for Individual)								
	Full Name of Individual (Last, First, Middle Initial) or Full C	ame of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item		Date of Receipt					
В.	Mailian Address	MUM / DHO / YAYUVUY							
	Mailing Address				Amount of Each Receipt this Period				
	City	State		Zip Code	Amount or Each Necept this Period				
	Name of Employer (for Individual)	Aggregate Year-to-Date							
	Occupation (for Individual)								
	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt							
C.									
	Mailing Address				Institutional Contribution Contribution				
1	City	State		Zip Code	Amount of Each Receipt this Period				
-	Name of Employer (for Individual)		1		liserational law Albania Remarks and Films the market at 150 months and				
	cupation (for Individual)		Aggregate Year-to-Date						
					77 C 27 C 27 C				
D.	Full Name of Individual (Last, First, Middle Initial) or Full O	rganizati	ion Nam	e 🗌 Memo Item	Date of Receipt				
	Mailing Address								
	City	State		Zip Code	Amount of Each Receipt this Period				
	Name of Employer (for Individual)	Aggregate Year-to-Date							
	Occupation (for Individual)	Garage Found State Company							
SUBTOTAL of Receipts This Page (ontional)									
70	OTAL This Period (last page this line number only)				and the second s				

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	Γ
(check only one)	4a 340		5
	4b 40		-)

OF LEVIN FUNDS		Aggregation Page	4a [4c] 4d 4d		
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma	y not be sold or used by any per- ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee		
NAME OF COMMITTEE (In Full)	la Congi	ressional Action	Committee		
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					
Full Name (Last, First, Middle Initial) / I	Date of Disbursement				
Mailing Address	Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address	address				
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / I	Date of Disbursement				
Mailing Address	Mam , Bab , Assault				
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
Mailing Address			MIM COLO VALVATA		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement	·				
			<u></u>		

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NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express \$

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5 Packaging

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Payment Bill to:

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.							
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						
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Overnight Delivery Service (Specify): FEO-EX	Shipping Date						
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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):	eipt or Postmarked						
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PREPARER (3/2015)	DATE PREPARED						