# 1030553551

FEC FORM 3X

Office

Use

Only

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2011 JAN 31 AM 10: 25 FEC MAIL CENTER

Office Use Only

**FEC FORM 3X** 

Rev. 12/2004

1.	NAME OF	: CEE (in full)	TYPE OF	PRINT <b>V</b>		ample: If ty er the lines.	ping, type	12FĔ	4M5		
Ш	VDI_A	NA CH	MB	FR C	ONGRE	<u>55101</u>	NAL AC	OIT	<u> </u>		لبيب
CI	MM	TITEE					1 1 1 1		11111		
ADI	ORESS (nu	mber and street)	LIF	M.	MASHIA	KITON	USTRE	ET.	SUITE	85	10.5
; r==	Check if different		111.							ليني	
than previously					APOLIS			IN	462	041-	لبيا
2.	FEC IDE	NTIFICATION N	UMBER 1	,	CITY ▲			STATE A		ZIP COD	)E 🛦
	C 0 (	040559	7		3. IS THIS REPORT	$\varphi$	NEW (N) OR		AMENDED (A)		
4.	(Choose C	OF REPORT One) terly Reports:	ì R	onthly eport ue On:	Feb 20 (M2)	السان السان	May 20 (M5) Jun 20 (M6)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (0	21)	40.0	Apr 20 (M4)	اليطا	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		July 15 Quarterly Report (0 October 15		12-Day PRE-Ele Report 1		Primary (1		±.∐ ==;	neral (12G) ecial (12S)		Runoff (12R)
		Quarterly Report (0 Jan⊔ary 31 Year-End Report (1			Election an	M-4 M	/ 0 0 / [	<b>Y</b> U <b>Y</b> U	<b>▼</b> √ <b>▼</b> ]	In the State of	,,,,,
	1.1	July 31 Mid-Year Report (Non-electio Year Only) (MY)	on (d)	30-Day POST-E	انسيا	General (3	10G)	Rui	noff (30R)		Special (30S)
		Termination Report (TER)		Пероп	Election on		/	<b>Y</b> -U- <b>Y</b> -U-	<b>Y</b>	in the State of	
5.	Covering	Period	<u>'</u>	3	2010	through	12	<b>'</b> 3.	<b>2</b> 0	ľď	
	_	have examined the	<b>.</b> .	and to the	best of my kno	wledge an	d belief it is tr	ue, corre	ct and comple	te.	
Sig	nature of T	reasurer	Da	ele	Dai	ret		Date	01/2	<b>ጛ</b> ′	2077
NO.	re: Submis	sion of false, error	eous, or i	ncomplete i	nformation may s	ubject the p	erson signing t	his Repo	t to the penalti	es of 2 U	J.S.C. §437g.

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

## Action Committee

Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand January 1, (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) ..... 7. 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) ..... 10. 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

#### FEC Form 3X (Rev. 06/2004)

### **DETAILED SUMMARY PAGE** of Receipts

Page 3

Write or Type Committee Name

Indiana Chamber Conc	ressional Action	Committee

Report Covering the Period: From:

11 23 2010

o:

2 3

2010

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individ	ns (other than loans) From: luals/Persons Other		
	Political Committees	<u> </u>	7 000 00
•	mized (use Schedule A)		2,000.00
• •	nitemized		
	OTAL (add nes 11(a)(i) and (ii)	0	2.000.0
	al Party Committees		
• •	Political Committees		
•	as PACs)		1,000.00
	Contributions (add Lines		
	iii), (b), and (c)) (Carry	Ó	3,000.00
	to Line 33, page 5)		
	mittees	No.	
,			
13. All Loans	Received		<u> </u>
			<del>[</del>
-	ayments Received		<u> </u>
	Operating Expenditures		
	Rebates, etc.)		
	als to Line 37, page 5)	L	<u>L.r.,</u>
	f Contributions Made		
	Candidates and Other		
17. Other Fed			<u> </u>
	, Interest, etc.)		
	from Non-Federal and Levin Fund	s [	
	ederal Account		
	Schedule H3)	0	0
•	·		
(b) Levin	Funds (from Schedule H5)		
(c) Total T	ransfers (add 18(a) and 18(b))		
	oipts (add Lines 11(d), , 15, 16, 17, and 18(c))▶		3,000.00
		<u> Paradana Baratan Isandan Isandan da ada</u>	the riber west (New English 5 (Million The Y
20. Total Fede (subtract i	eral Receipts Line 18(c) from Line 19)		3,000.00

1030553

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:	Total Tills Fellod	Calendar Tear-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		<u> </u>
	(ii) Non-Federal Share	<u></u>	Language of the second of the
	(b) Other Federal Operating		<u> </u>
	Expenditures	<u> </u>	<u> </u>
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party		
	Committees		1
3.	Contributions to		<u> </u>
	Federal Candidates/Committees and Other Political Committees	Ô	7.500.0
	Independent Expenditures		
	(use Schedule E)	1 1 m 1 1 m 1 1 m	
5.	Courdinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		- <u> </u>
3.	Loan Repayments Made		<u> </u>
_			
	Loans MadeRefunds of Contributions To:		<u> </u>
	(a) Individuals/Persons Other Than Political Committees	<u></u>	
	man Folitical Committees		
	(b) Political Party Committees	O	
	(c) Other Political Committees		
	(such as PACs)	<u>                                     </u>	
	(d) Total Contribution Refunds	<u></u>	
	(add Lines 28(a), (b), and (c))▶	<u> </u>	<u>La santana ano d</u>
n	Other Disbursements		7008
<b>3</b> .	Other Disbursements		<u> </u>
D.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		<u></u>
	(ii) "Levin" Share	<u> </u>	
	(b) Federal Election Activity Paid Entirely	<u> </u>	
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	
		[	
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		# 1 7970 R
	Total Federal Disbursements		
	(subtract Line 21(a)(il) and Line 30(a)(ii)		0.00
	from Line 31)	il <b>( )</b> :	" X 1/9/1 Q &

#### **DETAILED SUMMARY PAGE**

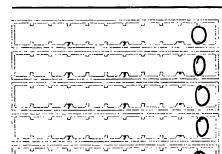
of Disbursements

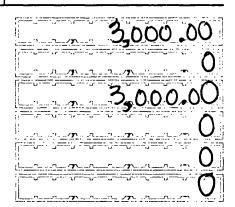
COLUMN A Total This Period Page 5

III. Net Contributions/Operating Ex-

FEC Form 3X (Rev. 02/2003)

	penditures
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
	(fram Line 15, page 3)
38.	Nat Operating Expenditures
	(subtract Line 37 from Line 36)





COLUMN B

Calendar Year-to-Date

LO.
ļ,ſ
'n
M
M
'n
$\odot$
ķη
(part
(red

SCHEDULE A (FEC Form 3X)				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	
An	y information copied from such Reports and St	atements ma	y not be sold or used by any pe	<del>╚┈┩┈┡┄┈┈┞┈┞┈┈┈┼┈┈┼┈┈┼┈┈┼┈</del>	
or	for commercial purposas, other than using the	name and a	ddress of any political committee	to solicit.contributions from such committee.	
Λ	NAME OF COMMITTEE (In Full)				
V	Indiana Chamber Co	mones	ssional Action	Committee	
	Full Name (Last, First, Middle Initial)	J		Į.	
A.	NA III	<del></del>		Date of Receipt	
	Mailing Address			MUM / DOUD / YUVVUV	
	City	State	Zip Code	<u> </u>	
	federal political committee.  Name of Employor  Receipt For:  Aggregate			Amount of Each Receipt this Period	
				7 - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
				<del>-</del>	
			Year-to-Date ▼		
	Primary General Other (specify)	li .			
	in carrier (specific), V		<u></u>	<u>ا</u> ال	
_	Full Name (Last, First, Middle Initial)			Barto of Bartola	
В.	Mailing Address			Date of Receipt	
	· · · · · · · · · · · · · · · · · · ·				
	City	State	Zip Code		
				Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	n n n n n n		
	Name of Employer	Occupation			
	Name of Employer	Cocupation			
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General	11			
	Other (specify)	<u> </u>	<u> </u>	<u>i</u> ] {	
_	Full Name (Last, First, Middle Initial)				
C.	Mailing Address			Date of Receipt	
	Walling Address				
	City	State	Zip Code		
	FFO ID	[ <del></del>		Amount of Each Receipt this Period	
	FEC 1D number of contributing federal political committee.	C		La la grun la grun alan i su	
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General				
	Other (enecify)	- 1			
	Other (specify)	الحديا	<u> </u>		
Γ	Other (specify)	را_حــد			
s	Other (specify)				

ķ	1
M	
Ņ	1
L	1
H	
C	j
M	1
	j
įį.	
-	a

## SCHEDULE B (FEC Form 3X)

SOULDOLL B (I LO I OIIII OX)	Use separate schedule(s)	FOR LINE			
TEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one)		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem	ents may not be sold or used	by any perso			
or for commercial purposes, other than using the name	e and address of any political	committee to	solicit.contributions from such committee.		
NAME OF COMMITTEE (in Full)					
Indiana Magnalan Ca	ا مدد نصما	1-0:-	. Commilles		
Indiana Chamber Co	INCAPOLAT	HCAID	N CONTINUES		
Full Name (Last, First, Middle Initial)	J		Date of Disbursement		
Mailing Address					
City					
Purpose of Disbursement	Tr				
•					
Candidate Name	Category/				
Office County	Туре	Lan Lander of the second			
Office Sought: House Disburserr		l			
	Primary General Other (specify) ▼	1	l		
State: District:	Carol (opoolis)	-			
Full Name (Last, First, Middle Initial)	···· · · · · · · · · · · · · · · · · ·				
B		[	Date of Disbursement		
			Y   Y   Y   Y   Y   Y   Y   Y   Y		
Mailing Address	Mailing Address				
City	itate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought:   House   Disbursem	ent For	Туре			
·	nent For:  Primary General	ļ			
L_1   L	Other (specify)				
State: District:	•				
Full Name (Last, First, Middle Initial)					
<b>C</b> .			Date of Disbursement		
Mailing Address		:-	Man / Dana / Dana		
walling Address			<u>                                   </u>		
City	State Zip Code				
Purpose of Disbursement	Tir				
<u> </u>			Amount of Each Disbursement this Period		
Candidate Name	'	Category/			
Office Sought: House Disbursen	ent For:	Туре	<u> </u>		
	Primary General	i			
L I L	Other (specify)				
State: District:					
			Harden Andrew and and and arrive the all		
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only)	· ,		4		
TOTAL THIS CANDU (last page this time number only).		·····			

CHEDULE C (FEC Form 3X)			
DANS		Use separate schedule(s)	PAGE OF
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
ame of committee (in full) Indiana Chamber	Congressiona	a) Action Co	mmille
LOAN SOURCE Full Name (Last, First, M	diddle Initia		Election: Primary General
Mailing Address			Other (specify) ▼
City	State ZIP Co	de	
Original Amount of Loan			ce Outstanding at Close of This Period
TERMS			
Date incurred	Date Due	., .	Secured:
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	<del></del>
		Amount	
City State	ZIP Code	Guaranteed	T
2. Full Name (Last, First, Middle Initial)		Name of Employer	
* Mailing Address		Occupation	
		Amount	· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code	Guaranteed	<u> </u>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	( <u>1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - </u>
4. Full Name (Last,-First, Middle Initial)	<del></del>	Name of Employer	
* Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
SUBTOTALS This Period This Page (optiona	J)		

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

TOTALS This Period (last page in this line only)......

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

Supplementary for Information found on Page of Schedule (

of Schedule C Page Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Indiana (mamber C 0041755 Action Commi LENDING INSTITUTION (LENDER) Interest Rate (APR) Amount of Loan Full Name Mailing Address Date Incurred or Established M - M / D - 1 D - 1 / City State Zip Code Date Due 7 (\*\*\*\* If yes, date originally incurred A. Has loan been restructured? B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, cortificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No Yes E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? Yes If yes, specify: collateral for the loan? No Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: [M.O.M.] \ [Q.O.Q.] \ [A.O.A.O.A.O.A City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The lean 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. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Signature Title

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

.45.05.00.44			
ME OF COMM			<b>A</b> (1)
Miana	Chamber (	ongressional Actio	
A. Full Name	(Last, First, Middle Initial) of Deb	tor or Graditor	Nature of Debt (Purpose):
		· · · · · · · · · · · · · · · · · · ·	
Mailing Address	S		
City S	State	Zip Code	┥
Outstanding	Balance Beginning This Period		
l,	<u></u>		
Amou	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
[		<u></u>	
B. Full Name (	Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
Mailing Addres	s		
City S	State	Zip Code	-
·			
	Balance Beginning This Period		
i i			
	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<u></u>			
<u> 1</u>	<u> </u>		
C. Full Name	(Last, First, Middle Initial) of Det	otor or Creditor	Nature of Debt (Purpose):
Mailing Addres	s		
City		State Zip Code	_
Oily		State Zip Code	
Outstanding	Balance Beginning This Period		
	<del></del>		
Amor	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	<u> </u>		
SUBTOTALS	This Period This Page (optional)		
TOTALS This	Period (last page this line numb	er only)	•
	trace bage time into traine		
TOTAL OUTS	STANDING LOANS from Schedul	e C (last page only)	
ADD 2) and 3	3) and carry forward to appropria	te line of Summary Page (last page only)	

CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE OF
EMIZED INDEPENDENT EXPENDITIONES			FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER >
indiana Chamber Congression	al Action		C 004 0 5597
Check if 24-hour notice 48-hour notice	Commilk		0.004.0,0014
Full Name (Last, First, Middle Initial) of Payee	COMMINIA	Date	
		, <b>M</b>	- M ] / [ D - D ] / [ Y - Y - Y - Y - Y - ]
Mailing Address	<del></del>	<del>-</del>   L	
_		Amount	
City State	Zip Code		
		<u> </u>	<u> </u>
Purpose of Expenditure	Category/	Office Sought	: House State:
}	Type		Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu	re:		President
		Check One:	Support Oppose
Calendar Year-To-Date Per Election	The statement and the statemen	Disbursement	For: Primary General
for Office Sought	<u> </u>	Oth	er (specify)
Full Narge (Last, First, Middle Initial) of Payee		Date	
			י ארא ארא ארן אווים היים און אין אווים ארים און אין אווים איים איים איים איים איים איים איי
Mailing Address			W / Grg / Arark A
		Amoun	
City State	Zip Code		
	·	<u> </u>	
Purpose of Expenditure	Category/	Office Sough	t: House State:
	Туре		Senate District:
Name of Federal Candidate Supported or Opposed by Expenditu	re:		President
		Check One:	Support Oppose
Calendar Year-To-Date Per Election	<u></u>	Disbursemen	For: Primary General
for Office Sought	<u> </u>	Oth	er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		<b>_</b>	<u>,</u>
( ) · · · · · · · · · · · · · · · · · ·		<u> </u>	( <u>/</u>
(b) SUBTOTAL of Unitemized Independent Expenditures			<u>,</u>
• • • • • • • • • • • • • • • • • • • •		- 11 5	<u>~-~~~</u> j
(c) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures		<b>•</b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.	es reported herein were r		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz	es reported herein were r	either, or (if t	he reporting entity is not a political
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz	es reported herein were red committee or agent of	either, or (if t	he reporting entity is not a political
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz	es reported herein were r	either, or (if t	

#### 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

(2 U.S.C. §441a(d))
(To be used only by Political Committees in the General Election

PAGE	OF
FOR LINE	25 OF FORM 3X

	be used only	by Political Com	mittees in the G	eneral Election)   On Line 2	ES OF FORINGA
AME OF COMMITTEE (In Full)					
ndiana Chambe	c Comp	ression	al Act	ion Committee	<u> </u>
as your committee been designated to ma ordinated expenditures by a political party	· •	Full Name of Sub	ordinate Commit	IGG	
YES NO	-51111111111111111111111111111111111111				
YES, name the designating committee:	f	Mailing Address			
	1	A14.		A	2 Ondo
		City		State ZIF	Code
Full Name (Last, First, Middle Initial) of	Each Pavee			Purpose of Expenditure	7-3-3-3
, , , , , , , , , , , , , , , , , , , ,					
<u> </u>					Category/
Mailing Address				Date	Туре
City	State	Zip Code		- M - M - M - M - M - M - M - M - M - M	<del>ℴℽℴℽ</del> ℴℽℸ
					<u> </u>
Name of Federal Candidate Supported	Office Sought	<b>⊢</b> ⊣	State:	Amount	
		Senate Presidential	District:	<b>-</b>	7VVV
Aggregate General Election					<u>^</u>
Expenditure for this Candidate			::		
Full Name (Last, First, Middle Initial) of		<del></del>		Purpose of Expenditure	[=v-v=)
Foi Hame (Last, Flist, Middle Initial) Of	Laur Fayee			, c.poto c. Experience	- 1 <u>                                   </u>
					Category/
Mailing Address					Type
City	State	Zip Code		Date	
	Sidic	-ip code			
Name of Federal Candidate Supported	Office Sough	t: House	State:	Amount	
		Senate Presidential	District:		
		— <u> </u>	<u> </u>		
Aggregate General Election  Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditure	[ <del></del>
					Category/
Mailing Address					Type
				Date	
City	State	Zip Code		/ יסים / איי w	<u></u>
Name of Federal Candidate Supported	Office Sough	t: House	State:	بين العديدة السحيا	<u></u>
]	]	Senate	District:	—   Amount —   [===================================	ilaunimaitemaite :
	L	Presidential			
Aggregate General Election			<del></del>		
Expenditure for this Candidate	<u> </u>		<u></u>		
					<u></u>
SUBTOTAL of Expenditures This Page (op	tional)				<u></u>
CTAL Title Desired the control of the P			-		.) .)
OTAL This Period (last page this line nur	nber only)				- <u>1                                 </u>

#### SCHEDULE H1 (FEC Form 3X)

#### METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE ARD 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 & CANDIDATE) (Separate Segregated Funds And Normonnected Committees Only)

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal

		DULE H2 (FEC Form 3X) CATION RATIOS		PAGE	OF
NA J	ME (	of committee (in full) iana Chamber Congressional Acti	on Committe		
RA	TIOS	S FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATION OF THE SECOND			
Me	thods	of allocation:			
	I.	FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised.	nod" where the federal pro	oportion of	1
	II.	Shared DIRECT CANDIDATE SUPPORT activities are allocated accommended where the federal proportion of disbursements is based on the benefitivity. Fer PACs Only: Direct candidate support includes public commended and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	t derived by federal cand junications or voter drives	idates from I that refer t	the ac-
	ACT	IVITY OR EVENT IDENTIFIER			

federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	aference to a political par	ty. Such expenses
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:    Fundraising	<b>%</b>	<u></u> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	<u> </u>
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<b>%</b>	<u> </u>
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u> </u>	<u> </u>
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u> </u>	<b>%</b>
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u> </u>	<u> </u>

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

PAGE	ŌF	
FOR LINE	18a OF FO	RM 3X

IAME OF COMMITTEE (In Full)		
1 1.	000 A 60:	1 A
	ongressional Action	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M3M / D3D / Y3Y3Y3Y	1
BREAKDOWN OF TRANSFER RECEIVED		[*************************************
i) Total Administrative		
•		
ii) Generic Voter Drive		il I
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Id	entifier)	
		<sub>1</sub>
a)	- <u> </u>	
b)	- <u>                                    </u>	. ]
c) Total Amount Transferred For Direct Fund	raising	<u> </u>
v) Direct Candidate Support (List Activity or E	vent Identifier)	
		<del></del>
a)		
		=== ====
b)		
c) Total Amount Transferred For Direct Cand	lidate Support	
		; [
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS	OR BREAKDOWN OF TRANSFER RECEIV	ED.
IOIALS P		
TOTAL This Period (Administrative)		il
TOTAL THIS FORM (Fallimonality)		
TOTAL This Period (Generic Voter Drive)		
TOTAL THIS TOTAL (GOTOTO TOTAL STATE)		
TOTAL This Period (Exempt Activities)	i i i i i i i i i i i i i i i i i i i	
TOTAL THIS TOTAL (Example Figure 1805)	11.1 Taranan a	
TOTAL This Period (Direct Fundraising)		
TOTAL THE FORM (PROOF FUNDICIONS)	<u> Uz - Aradi iza</u> r	
TOTAL This Period (Direct Candidate Support)		
TO THE 1 GIOG (DIEGO ORIGINALE Support)	- <u> </u>	
TOTAL This Period (Public Communications Referring	a Only to Party)	
TOTAL THIS FORM (FUDIC COMMUNICATIONS RETERMIN	g Only to Faity)	
TOTAL This Desired (Total Assessment Transferred)		
TOTAL This Period (Total Amount Transferred)		

# 11030553566

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
	IE 014 OE I	CODM 3V

A 1 4	ALC OF COMMITTEE A. C. III	<del></del>			TOTAL ETTE OF TOTAL OF
	ME OF COMMITTEE (In Full)  Nationa Chamber Co	MOYESE	ional	Action	Committee
۹.	Full Name (Last, First, Middle Initial)	3			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
		State	Zip Code		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			Languages)	
	Activity or Event Identifier:			الصعصما	<u> </u>
				Category/ Type	Date / DOD / YVY Y
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
		<u></u>	, <del></del>		
3.	Full Name (Last, First, Middle Initial)				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
	Activity or Event Identifier:			<u> </u>	
				Category/ Type	Date/ DVD / YVYVY
	FEDERAL SHARE		NONFEDERAL		TOTAL AMOUNT
		!!	<u> </u>		
Э.	Full Name (Last, First, Middle Initial)				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:			<del></del>	Allocated Activity or Event Year-To-Date
	- Laples of Disbursonion.				
	Activity or Event Identifier:		_	Category/	[Mamil   Land   \ ' A had n A A
				Туре	Date
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT  (1 ) YETTE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT
				<u> </u>	
ای	JBTOTAL of Allocated Federal and NonFederal				
J.	FEDERAL SHARE	+ ' 1	NONFEDERAL		= TOTAL AMOUNT
		[]			
TC	OTAL This Period (last page for each line only)(				
	FEDERAL SHARE		NONFEDERAL		TOTAL AMOUNT
		<u> </u>			

#### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

v. To	o be used by State, District an		es Only)	PAGE OF	
_	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	FOR LINE 18b OF FOR	м зх
N	NAME OF COMMITTEE (In Full)			^	
_		<u>ber Conavession</u>	nal Acti	on Committee	
I	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED	,
ł	1	W → W → /   O → C → O →	/ <b>TOTATE ACT</b>		
ŀ					· 
1	BREAKDOWN OF THIS TRANSFER	R	VOTER REGISTR	ATION	
	i) Voter Registration			 	
	Total Amount Transferred	d for Voter Registration	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
	ii) Voter ID			OTER ID TOTAL CONTROL OF THE STATE OF THE	
1	Total Amount Transferred	d for Voter ID	<u> </u>		
1	iii) GOTV		<u></u>	GOTV	
1	1	d for GOTV			
	iv) Generic Campaign Acti	ivitu	f.,	GENERIC CAMPAIGN ACTIVITY	
İ	_	d for Generic Campaign Activity			
1			L' <del></del>		
	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED	_
١		M.T.M.) /   Q.T.Q.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		] !
			<u> </u>		.i
	BREAKDOWN OF THIS TRANSFEI	R			
	i) Voter Registration		VOTER REGISTR	TATION	
	Total Amount Transferred	d for Voter Registration			
	ii) Voter ID			OTER ID TO THE INCOME.	
	Total Amount Transferred	d for Voter ID		} 	
	iii) GOTV			GOTV	
		d for GOTV			
	in Compile Compaign Assis			GENERIC CAMPAIGN ACTIVITY	
	iv) Generic Campaign Acti Total Amount Transferred	d for Generic Campaign Activity	· ·	, , , , , , , , , , , , , , , , , , ,	
		·			
	TOTALS	S FOR BREAKDOWN OF TRAN	SFER RECEIVED (L	ast Page Only)	
	TOTAL This Period (Voter Regis	istration)			
		C	<del>من سن من من المنظار</del> 		
l	TOTAL This Period (Voter ID)			<u></u> _	
			<u> 03-</u>		
	TOTAL This Period (GOTV)		<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	TOTAL This Pariod (Gararia Co	ampaign Activity)	1		
	TOTAL THIS FORM (CISHISTIC CE	umpaign neuvity)	<u> </u>		
	TOTAL This Period (Total Amou	unt of Transfers Received)		The state of the s	
	( )				: <u></u> 1

## 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 LII	ΝĒ	30a	OF	FORM	ЗХ

ME OF COMMITTEE (In Full)		<del></del>
	A -A+.	<b>A</b> • W
Indiana Chamber Congressiona		
A. Full Name (Last, First, Middle Initial) / Full Organization Name	ŢŦ	Type of Allocated Activity or Event:
	Íſ	Voter Registration GOTV
	11	Voter ID Generic Campaig
	["	
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
		[M~M] / [DVD] / [YVYVY V
Purpose of Disbursement	Category/ r	Date
	Туре	
FEDERAL SHARE + LEVIN SH		= TOTAL AMOUNT
[ <del></del>		] <del>[                                   </del>
<u> </u>		<u> </u>
B. Full Name (Last, First, Middle Initial) / Full Organization Name	ТТ	Type of Allocated Activity or Event:
	İr	Voter Registration GOTV
	1}	Voter ID Generic Campai
	[1	
Mailing Address		Allocated Activity or Event Year-To-Date
- •		
City State Zip Code	:	
	▎░゛゛║┢	
Purpose of Disbursement	Category/	LW. M. / LOUD / LANACA TA
	Type	Date Land Land
FEDERAL SHARE + LEVIN SH.	ARE	= TOTAL AMOUNT
Ç. Full Name (Last, First, Middle Initial) / Full Organization Name	[ ]	Type of Allocated Activity or Event:
	11	Voter Registration GOTV Voter ID Generic Campai
	[[	Voter ib Generic Campai
Mailing Address		Allocated Activity or Event Year-To-Date
Maining Address		
City State Zip Code		
Purpose of Disbursement	<u>                                    </u>	(MIN MI) / LOURD / LANA NA PARA
	Category/ C	Date il l l l
FEDERAL SHARE + LEVIN SH.		= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SH		TOTAL AMOUNT
		2 Committee on the Committee of Section 2 Committee of Co
UBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE + LEVIN SH.	ARE	TOTAL AMOUNT
		- · · · - · · · - · · · · · ·
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and	d Levin share to 30	O(a)(ii))
FEDERAL SHARE		TOTAL AMOUNT
हिन प्रभावता ने का राज्य ने किया है जा तथा है जिसके जनति वे नित्		
LEVIN SH		
OTAL This Period for the Levin Share	——————————————————————————————————————	
	ار زیریب زیسمו زسین بسین، .	i.

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

1	NAME OF COMMITTEE (In Full)  Indiana Chamber Congressional Action Committee  NAME OF ACCOUNT				
_		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized				
	(Use Schedule L-A)				
	(b) Unitemized				
	(c) Total				
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)  (a) Voter Registration				
	(b) Voter ID		\( \frac{1}{2} \cdot \frac{1}{		
	(c) GOTV(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS		;		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11,	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				

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

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

	_	 	 
FOR LINE NUMBER (check only one)	:	1a	]2

PAGE

OF

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 unling the name and address of any political committee to selicit contributions from such committee. NAME OF COMMITTEE (In Full) ction (comm Full Name (Last, First, Middle Initial) / Full Organization Nam Date of Receipt A. Mina Minj / Y Y Y Y Y Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. MUM / DUD / TYUYEY Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. MT-WT / Mailing Address Amount of Each Receipt this Period City State Zip Code ال الدرستينيسي التها سياسيون المراسي Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. M-M-) / [10-07] / [1 Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Talan Talan Marija (Balan Marija an Marija) an Marijan Marijan Marijan Albartan (Balan Albartan an Balan an Balan Albartan an Balan an Bal

# 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	<u>C</u>	)F
(check only one)	4a 🔲	4c	5
·	4b []	4d	

		<u> </u>	
	formation copied from such Reports and Statements may n commercial purposes, other than using the name and addre		
	ME OF COMMITTEE (In Full)		
<u> </u>	ndiana Chambor Conqu	ressional Adi	on Committee
Full <b>A.</b>	Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mai	ling Address		MUM / DED / YVVVV
City	State	Zip Code	Amount of Each Disbursement this Period
Pur	pose of Disbursement		
_	Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
B. 			Date of Disbursement
Mai	ling Address		
City	State	Zip Code	Amount of Each Disbursement this Period
Pür	pose of Disbursement		
Full C.	Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
<del></del>			
Mai	iling Address		
City	State	Zip Code	Amount of Each Disbursement this Period
Pur	pose of Disbursement		
Full <b>D.</b>	Name (Last, First, Middle Initial) / Full Organization Name	,	Date of Disbursement
	The second secon		
Ma	iling Address		<u> </u>
City	·	Zip Code	Amount of Each Disbursement this Period
Pur	pose of Disbursement		<u></u>
Full	Name (Last, First, Middle Initial) / Full Organization Name	,	Date of Disbursement
_ <b>-</b>			Page of Disposation
Ma	iling Address		
City	State	Zip Code	Amount of Each Disbursement this Period
Pur	pose of Disbursement		<u></u>
SUBT	FOTAL of Disbursements This Page (optional)	<u> </u>	
TOTA	AL This Period (last page this line number only)		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate I	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FEd EXP	Shipping Date
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):	eceipt or Postmarked
IMP	1/31/11
(3/2005)	DÁTE PREPARED