

2022 FEB 10 PH 4: 05



January 28, 2022

Federal Election Commission 1050 First Street, NE Washington, DC 20463

Dear FEC,

The Indiana Chamber Congressional Action Committee, C00405597, sent our Year-End Report for 2021 earlier this month via FedEx. However, the tracking number for this filing through FedEx does not show the report as delivered. We are mailing this exact duplicate report as a back up to make sure it is received on time in case the previously sent report doesn't arrive in the requisite timeframe.

Please feel free to contact me if you have any questions.

Thank you,

Ashton Eller

Manager, Political Affairs Indiana Chamber of Commerce aeller@indianachamber.com

317-264-7536

# 2022 - 02 - 14 - 04 - 00497562

**FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**For Other Than An Authorized Committee

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type

COMMITTEE (in full)		over the lines.	12FE4M5	
INDIANA CHAMBER	CONGRESSIONAL AC	ТОЙ СОММІТТЕЕ	<u></u>	
ADDRESS (number and street)	115 WEST WASHING	TON STREET, SUI	TE 850S	
▼ Check if different		_		
than previously reported. (ACC)	INDIANAPOLIS		[N] [46	6204   -
2. FEC IDENTIFICATION N	UMBER ▼ CITY ▲		STATE A	ZIP CODE A
C 00405597	3. IS TH		AMENI (A)	DED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (	M2) May 20 (M	5) Aug 20 (	(M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	M3) Jun 20 (M6	) Sep 20 (	(M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (	M4) Jul 20 (M7)	Oct 20 (I	M10) Jan 31 (YE)
Quarterly Report (C	(c) 12-Day PRE-Election	Primary (12P)	General (12G	Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)	)
Quarterly Report (C	J3)	/ O O O /	**************************************	in the
January 31 Year-End Report (Y	(E) Election on			State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Maw / D.D /		in the State of
5. Covering Period 07	01 2021	through 12	31° ′ 2	021
I certify that I have examined th	is Report and to the best of my	knowledge and belief it is	true, correct and co	mplete.
Type or Print Name of Treasure	r Jeff Brantley			
Signature of Treasurer	Jet Bronk	<del></del>	Date 6 /	25/2022
NOTE: Submission of false, errone	eous, or incomplete information ma	y subject the person signing	this Report to the po	enalties of 52 U.S.C. § 30109.
Office Use Only			F	FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2021 <u>9,136.90</u> January 1, (b) Cash on Hand at 9,111.90 Beginning of Reporting Period..... 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)..... 525.00 550.00 7. Total Disbursements (from Line 31).......... Cash on Hand at Close of Reporting Period 8,586.90 8,586.90 (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

1050 First Street, N.E. Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

# 2022 DALLA DAL DOMONIGA

# **DETAILED SUMMARY PAGE** of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

R	eport Covering the Period: From:	7 01 2021 T	o: 12 / 31 / 2021					
	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)	0	0					
	(ii) Unitemized(iii) TOTAL (add	0	0					
	Lines 11(a)(i) and (ii)	0	0					
	(b) Political Party Committees	0	0					
	(such as PACs)(d) Total Contributions (add Lines	0						
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0	0					
12.	Transfers From Affiliated/Other Party Committees	0	0					
13.	All Loans Received	0	0					
	Loan Repayments Received	0	0					
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)							
16.	(Carry Totals to Line 37, page 5)	V V	U 513 613 613 613 613 613 613 613 613 613 6					
	to Federal Candidates and Other Political Committees	0	0					
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0						
ю.	(a) Non-Federal Account  (from Schedule H3)	0	0					
	,	0	0					
	(b) Levin Funds (from Schedule H5)							
	(c) isla italioisis (add to(d) and to(d))		4 5 7 1 4 5 7 1					
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		<u> </u>					
20	Total Federal Receipts							
	(subtract Line 18(c) from Line 19)	0	0					

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0
(i) Federal Share	0
American de la company de la c	CALL TO THE
(ii) Non-Federal Share	0
(b) Other Federal Operating	
Expenditures 25.00 25.0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	
22. Transfers to Affiliated/Other Party	
Committees	0
23. Contributions to Federal Candidates/Committees	The same of
and Other Political Committees	
24. Independent Expenditures  (use Schedule E)	n
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d))	
(use Schedule F)	0
hand be a few and a second transfer of the se	n l
26. Loan Repayments Made	
27. Loans Made	0
28. Refunds of Contributions To: (a) Individuals/Persons Other	
Than Political Committees	0
(b) Political Party Committees	0
(c) Other Political Committees	U
(such as PACs)	0
(d) Total Contribution Refunds	
(add Lines 28(a), (b), and (c))	0
29. Other Disbursements (Including	
Non-Federal Donations)	٥
30. Federal Election Activity (52 U.S.C. § 30101(20))	
(a) Allocated Federal Election Activity	
(from Schedule H6)	-
(i) Federal Share	0
(ii) "Levin" Share	
(b) Federal Election Activity Paid	
Entirely With Federal Funds	0
(c) Total Federal Election Activity (add	2000 2000 2000 2000 2000 2000 2000 200
Lines 30(a)(i), 30(a)(ii) and 30(b))	0
31. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 525,00	
32. Total Federal Disbursements	क्किन्स जी
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31)	A A
	-

(subtract Line 37 from Line 36) ......

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 COLUMN A COLUMN B III. Net Contributions/ **Operating Expenditures Total This Period** 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 50.00 25.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures 25.00 50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Indiana Chamber Congress			
Full Name of Individual (Last, First, Middle In	itial) or Full C	Organization Name	Date of Receipt
Mailing Address			MBW / DAO / YOVEY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		

			<u> </u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼		ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle In	nitial) or Full Org	anization Name	Date of Receipt
	Mailing Address  City	State	Zip Code	Man / Dad / Yararay
			<u> </u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C.		
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
C.	Full Name of Individual (Last, First, Middle In	nitial) or Full Org	anization Name	Date of Receipt
	Mailing Address	MUM / DUD / YUVUV		
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye		
s	UBTOTAL of Receipts This Page (optional)		•	
Γ,	OTAL This Period (last page this line number	only)		

ITEMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only					
DIVOUIUEIIIEIVI	for each category of the Detailed Summary Page			22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State	ments may	not be sold or use	ed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the nar  NAME OF COMMITTEE (In Full)	ne and add	ress or any politica	au committee to	solicit contributions from such committee.				
Indiana Chamber Congressiona	I Action	Committee						
Full Name (Last, First, Middle Initial)								
A. J.P. Morgan Chase				Date of Disbursement				
Mailing Address 1 E. Ohio Street		· · · · · · · · · · · · · · · · · · ·		12 31 2021				
<sup>City</sup> Indianapolis	State IN	Zip Code 4620	)4	FEC Identification Number				
Purpose of Disbursement Account analysis	charge		001					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
· Li	ment For:		.,,,,,	25.00				
Senate   President	Primary Other (spe	☐ General cify) ▼	.	Memo Item				
State: District:  Full Name (Last, First, Middle Initial)								
B. Mike Braun for Indiana				Date of Disbursement				
Mailing Address PO Box	State Zip Code IN 46077  Category/ Type  ment For: Primary General Other (specify)			08 / 24 / 2021				
City Zionsville				FEC Identification Number				
Purpose of Disbursement				C 00653147				
Contribution Candidate Name				Amount of Each Disbursement this Period				
Mike Braun Office Sought: House Disbursei				500,00				
✓ Senate								
State: District:				Memo Item				
Full Name (Last, First, Middle Initial) C.				Date of Disbursement				
		<del></del>		May / DED / VAVAVAY				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement		C						
Candidate Name	Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburser			Туре					
State: District:	Primary Other (spec	☐ General		Memo Item				
Grand.	<u> </u>							
SUBTOTAL of Disbursements This Page (optional)			<u>-</u>					
TOTAL This Period (last page this line number only)		·····	······ <b>•</b>	\$525.00				

### SCHEDULE C (FEC Form 3X) LC

DANS		Use separate scho for each category Detailed Summary	of the	PAGE 1	OF 13 OF	1 FORM 3X		
AME OF COMMITTEE (In Full)	<del></del>							
Indiana Chamber	Congress	sional Action	Commit	tee				
LOAN SOURCE Full Name (L	ast, First, M	iddle Initial)		☐ Memo	Item Ele	ection: Primary General	<del>,</del>	
Mailing Address						Other (specify	/) ▼	
City		State	ZIP Code		_			
Original Amount of Loan	- •	Cumulative Pa		7		Outstanding at	#5-2-3-3-a-	
Date Incurred	22	M W / D 00				% (apr)	Sec	rured:
List All Endorsers or Guarant 1. Full Name (Last, First, Middl		to Loan Source		lame of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		)		
2. Full Name (Last, First, Middl	e Initial)		1	Name of Employer				
Mailing Address			C	Occupation				
City	State	ZIP Code	(	Suaranteed		)-	Second	
3. Full Name (Last, First, Middle	e Initial)		1	lame of Employer				
Mailing Address			C	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle	e Initial)		ı	lame of Employer				-
Mailing Address				Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page in		<del></del>	<del></del>				Territoria de la composição de la compos	
Carry outstanding balance only to	LINE 3, So	hedule D, for this	is line. If no	Schedule D, carr		to appropriat		

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

Supplementary for Information found on Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Indiana Chamber Congression	nal Action Committee	C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	manufacture of Secretary and Secretary	0/.
Mailing Address	Date Incurred or Established	May / Long / Land
City State Zip Code	Date Due	M W M / O O O / Y V V V V V V V V V V V V V V V V V V
A. Has loan been restructured? No Yes	If yes, date originally incurred	May , Dad , Astalas
B. If line of credit,  Amount of this Draw:	Balance:	
C. Are other parties secondarily liable for the debt incu  No Yes (Endorsers and guarantors re	rred? must be reported on Schedule C.)	200
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers,	What is the value of this collateral?
No Yes If yes, specify:		Does the lender have a perfected security
E. Are any future contributions or future receipts of inte	erest income pledged as	interest in it? No Yes
·	specify:	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 we the loan amount, state the basis upon which this load		
G. COMMITTEE TREASURER		DATE
Typed Name Signature		Mam / Dad / Agaras
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 are accurate as stated above.	terms of the loan and other inform	ation regarding the extension of the loan
The loan was made on terms and conditions (i similar extensions of credit to other borrowers of the requirement that	of comparable credit worthiness.	
complied with the requirements set forth at 11	CFR 100.82 and 100.142 in makin	g this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	<b>Fitle</b>	, Dan , Assay

# SCHEDULE D (FEC Form 3X)

(Use separate schedule(s)

PAGE FOR LINE NUMBER

OF

Excluding Loans	for	each red line)	(check only one)				
NAME OF COMMITTEE (In Full) Indiana Chamber Congress	sional Acti	on Committee	I				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		N	ature of D	ebt (Purpose):		
Mailing Address	Mailing Address						
City	State	Zip Code					
Outstanding Balance Beginning This Period  Amount Incurred This Period		6	ng Balance at Close of This Pen				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		T <sub>N</sub>	lature of D	ebt (Purpose):		
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period					ng Balance at Close of This Pen	od	
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		N	ature of D	ebt (Purpose):		
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period  Amount Incurred This Period		ment This Period	_		ng Balance at Close of This Peri		
1) SUBTOTALS This Period This Page (optional)			▶				
2) TOTALS This Period (last page this line number	only)	······································	▶			200	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	▶				
4) ADD 2) and 3) and carry forward to appropriate I	line of Summa	ry Page (last page or	ıly) ▶		213 O 413 O 42		

Signature

CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN				<del></del>		
EMIZED INDEPENDENT CAPEN	DITURES			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full),			<del></del>	FEC IDENTIFICATION NUMBER ▼		
Indiana Chamber Congression	onal Action Committ	ee		C		
Check if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed (	on Maw , o o o , very very		
Full Name of Payee	-	☐ Memo	Item	Date of Public Distribution/Dissemination		
				May / Ond / Arany		
Mailing Address				Amount		
Cit.	Ptoto	7:- Codo		The state of the s		
City	State	Zip Code				
Purpose of Expenditure		Catagoria		Date of Disbursement or Obligation		
' '		Category/				
Name of Federal Candidate:		Support	Office	Sought: House District:		
		Oppose		President Senate State:		
Calendar Year-To-Date	And the second s		Disbu	rsement For: Primary Géneral		
Per Election for Office Sought	1 0)		Other (specify) ▶			
Full Name of Payee		☐ Memo	Date of Public Distribution/Dissemination			
				M J M / D J D / T J J J J J J		
Mailing Address				Amount		
City	State	Zip Code		and the state of t		
Oity	Clare	Zip Gode				
Purpose of Expenditure		Cotocon	-	Date of Disbursement or Obligation		
		Category/ Type				
Name of Federal Candidate:		Support	ort Office Sought: House District:			
		Oppose	President Senate State:			
Calendar Year-To-Date			Disbu	rsement For: Primary General		
Per Election for Office Sought				Other (specify) ▶		
			1			
(a) SUBTOTAL of Itemized Independent 6	Expenditures		•			
(a) SUBTOTAL of Unitemized Independen	nt Expenditures		•			
.,						
(a) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized	reported herein were committee or agent	not ma	de in cooperation, consultation, or concert, or (if the reporting entity is not a political		
party committee) any pointed party comi	minuse or its agent.					
			1	M / TO TO / TO		

# 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

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE						PAGE	1	OF	1	
	(To be i	eral Election)	FOR LI	NE 25	OF FO	RM 3X				
N	AME OF COMMITTEE (In Full)								-	
	Indiana Chamber Congressiona	al Actio	n Co	ommittee						
	as your committee been designated to make ordinated expenditures by a political party cor	nmittee?	Full	Name of Subo	ordinate Committee					-
ļf	YES, name the designating committee:			ng Address						
			City			Sta	ite	ZIP C	ode	
	Full Name (Last, First, Middle Initial) of Eac	h Payee			☐ Memo item	Purpose of Exp	enditure		Cat	egory/
	Mailing Address					Date			<u>'</u>	уре
	City	State		Zip Code		M	D D /	Y		Ÿ
	Name of Federal Candidate Supported Of	fice Sough	nt:	House Senate Presidential	State:			<del>-</del>	-	
	Aggregate General Election			<i>(</i> )				T. A.	entra de la constanta de la co	
Full Name (Last, First, Middle Initial) of Each Payee   Memo Item  Mailing Address						Purpose of Exp	enditure		Cat	legory/ Type
	· · · · · · · · · · · · · · · · · · ·			·		Date				
	City  Name of Federal Candidate Supported Of	State	<del></del>	Zip Code		M M /	D 0 7	Ÿ		Ÿ
	On the control of the	fice Sough	ıt:  -	House Senate Presidential	State:	Amount			en de la constitución de la cons	
	Aggregate General Election Expenditure for this Candidate			Tresidential				Dinasila	- 6	
	Full Name (Last, First, Middle Initial) of Eac	h Payee			☐ Memo Item	Purpose of Exp	enditure		Cat	egory/
	Mailing Address					Date			'	уре
	City	State		Zip Code		M 1 M /	0 0 0 /	Y	0 Y 8	Ĭ
	Name of Federal Candidate Supported Off	ice Sough	ıt:	House Senate	State:	Amount				
	Aggregate General Election  Expenditure for this Candidate	•	-	Presidential	!	A A 35	- Access of the second	á?iseaflar		
s	UBTOTAL of Expenditures This Page (optional	al)			•			75 A		
Т	OTAL This Period (last page this line number	only)						*7.***A		

### SCHEDULE H1 (FEC Form 3X)

### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

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

# SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	1	OF	1
1			- 1

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT					
Methods of allocation:						
<ol> <li>FUNDRAISING activities are allocated using the "funds received meti expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pr	oportion of				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	fidates from the ac- s that refer to both				
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
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						
New Mevisor Same as Proviously Reported						
ACTIVITY OR EVENT IDENTIFIER						
	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:						
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	%	%				
New Revised Same as Previously Reported						
Jame as Fleviously Reported						
ACTIVITY OR EVENT IDENTIFIER		1				
	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						
ACTIVITY OR EVENT IDENTIFIER		<del></del>				
	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:						
Fundraising Direct Candidate Support	%	%				
CHECK IF THE RATIO IS:						
New Revised Same as Previously Reported						

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

PAGI	1	O	F	1	
FOR	LINE	18a	OF	FORM	3X

AME OF COMMITTEE (In Full)	asianal Action Committee	
Indiana Chamber Congre	ssiorial Action Committee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
·	[MUM] , [OUG] , [TOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO	
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
.]		
iii) Exempt Activities		<b>6</b>
iv) Direct Fundraising (List Activity or Event I	dentifier)	
The state of the s		
a)	The state of the s	A
,		<del></del>
b)		9
c) Total Amount Transferred For Direct Fun-	draising	
v) Direct Candidate Support (List Activity or		
v) birect candidate support (List Activity of	•	
a)		
a)		
b)		Ĭ
-1		
c) Total Amount Transferred For Direct Can	didate Support	
,	.,	
vi) Public Communications Referring Only to	o Party (Made by PAC)	
<u> </u>	FOR BREAKDOWN OF TRANSFER RECEIV	
	Harris Comments of the Comment	
TOTAL This Period (Administrative)		Files and the Files of the same
•		The state of the s
TOTAL This Period (Generic Voter Drive)	The state of the s	And the state of t
		- Company of the Comp
TOTAL This Period (Exempt Activities)		Acceptable of the Control of the Con
	4	·
TOTAL This Period (Direct Fundraising)		The decide of the state of the
		Committee of the second
FOTAL This Period (Direct Candidate Support)		13
POTAL THE DESIGN (OURS) OF THE POTAL STATE OF THE STATE O	- Columba Port	
FOTAL This Period (Public Communications Referring	ng Only to Party)	
FOTAL This Desired (Total Associat Transferred)		
TOTAL This Period (Total Amount Transferred)		hand hand hand hand hand hand hand
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## SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

EOB II	INE	212	OE	EODM	2V
PAGE	1	С	F	1	

-N	AME OF COMMITTEE (In Full)				TON LINE 218 OF FORIW 3X
	Indiana Chamber Congr	ressional	Action Cor	nmittee	
Ā.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	<del></del>	Public Comm (ref to party only) by PAC
		<u> </u>		1	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
	·			Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Addross				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:	J		<u> </u>	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			0.11	MIM / DOD / TOTAL
				Category/ Type	Date
	FEDERAL SHARE		NONFEDERAL		= TOTAL AMOUNT
				<u> Alemanda manda m</u>	
<u>-</u>	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
U.	Tun Hame (Last, 1 list, Middle linuar)				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	<u></u>	<u> </u>		r	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			transferred to	the section of the se
	Activity or Event Identifier:	· · · • · · · · · · · · · · · · · · · ·			
				Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			And the second	de referente e desert	
		and the second	)		
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This I	Page	_	
	FEDERAL SHARE		NONFEDERAL	SHARE	= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)(l				
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
		Managarith and Shaper	or / provident and the second of the		

## 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)	PAGE 1 OF 1 FOR LINE 18b OF FORM 3>
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee	
\	AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
I) Voter Registration VOTER REGISTRATION	- Carres
Total Amount Transferred for Voter Registration	turns.
VOTER ID	
Total Amount Transferred for Voter ID	
III) GOTV	
Total Amount Transferred for GOTV	
GENERIC	CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
Contract Contract Section 2. Appears	
	AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTRATION	
Total Amount Transferred for Voter Registration	
VOTER ID	
Total Amount Transferred for Voter ID	
iii) GOTV	
Total Amount Transferred for GOTV	
GENERIC	CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only	y)
	\ 
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
·	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
Samuel	
TOTAL This Period (Total Amount of Transfers 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 1
FOR LINE 30a OF FORM 3X

	<del></del>	<del> </del>	···	
AME OF COMMITTEE (In Full)				
Indiana Ch	amber C	Congressional A	Action Commit	ttee
A. Full Name (Last, First, Middle Initia	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		
Purpose of Disbursement	·		Category/	Waw , Lond o , Landard
			Туре	Date
FEDERAL SHARE	+	LEVIN :		= TOTAL AMOUNT
		<del></del>	Alema Itam	Type of Allocated Activity or Event:
B. Full Name (Last, First, Middle Initia	a, r ruii Org	анданон магле	☐ Memo Item	Voter Registration GOTV
•				Voter ID Generic Campaign
Mailing Addross		·		Allocated Activity or Event Year-To-Date
Mailing Address				
City	State	Zip Code		
D of Dishumoment	<u> </u>	, ]		Man / Laga / Lagara
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHARE	+	LEVIN S		= TOTAL AMOUNT
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
C. Full Name (Last, First, Middle Initia	l) / Full Org	anization Name	☐ Memo Item	Type of Allocated Activity or Event:
				Voter Registration GOTV
				U Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
	0	T7:- 0-1-		
City	State	Zip Code		Establishment Chemistry (Chemistry Chemistry (Chemistry Chemistry
Purpose of Disbursement			Category/	Date Many / Date / Yuvavavava
			Туре	Date
FEDERAL SHARE	+	LEVIN S	SHARE	= TOTAL AMOUNT
		-		
handra de la company de la com		and the second		and the colorest line of the c
SUBTOTAL of Shared Federal and Levin	Activity This	ū		<u> </u>
FEDERAL SHARE	<del></del>	LEVIN S		TOTAL AMOUNT
OTAL This Period (last page for each lin				30(a)(ii))
FEDERAL SHARE	- Party	,		TOTAL AMOUNT
		LEVIN S	SHÁRE	
OTAL This Period for the Levin Share		and a second		
CINE THIS I GUOD TOT THE COALL SHORE	Ĺ,		ilian terrologia	

## SCHEDULE L (FEC Form 3X)

### **AGGREGATION PAGE: LEVIN FUNDS**

NAM	NAME OF COMMITTEE (In Full)							
Indiana Chamber Congressional Action Committee								
NAM	NAME OF ACCOUNT							
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE					
1.	RECEIPTS FROM PERSONS		The state of the s					
	(a) Itemized(Use Schedule L-A)							
	(b) Unitemized		12-12-12-12-12-12-12-12-12-12-12-12-12-1					
	(c) Total							
2.	OTHER RECEIPTS							
3.	TOTAL RECEIPTS	The state of the s	and the state of t					
3.	(Add Lines 1c and 2)		markered (miles)					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							
	(a) Voter Registration							
	(b) Voter ID	Company of the Compan						
	(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	and the second s						
O.	(from Line 3)							
9.	SUBTOTAL							
10.	DISBURSEMENTS							
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		and and I have been been been been been been been be					
_								

# 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

OF

PAGE

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

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

Memo ttem Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

FOR LINE NUMBE	R: LPA	GE 1	<u> OF 1</u>
(check only one)	4a 4b	4c 4d	5

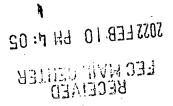
Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item A. **Date of Disbursement** Mailing Address State Zip Code City Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item ₿. Date of Disbursement 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 City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. **Date of Disbursement** Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....



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1050 First Street, NE
Washington, OC 20463





# 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	Date of Receipt
USPS First Class Mail	2/10/22
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	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):	e of Receipt or Postmarked
PREPARER SAW	2/14/22 DATE PREPARED

(3/2015)