FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 JUL 11 AM 10: 57

TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. [INDIZIANIA: C|HAMBIER | CONGRESSITONALL ACTITON CIGIMIMIZITITIEIEL IVIAISIAIZINIGITIOINI ISITI IS IV II IT IS ADDRESS (number and street) Check if different than previously IN | D | I | A | N | A | P | 0 | C | 2 | S | reported. (ACC) CITY A STATE A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **NEW AMENDED** X REPORT OR (N) (A) TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly 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 General (12G) Runoff (12R) Primary (12P) **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 (d) 30-Day

Covering Period

0 3

00217564

04	0	2018

POST-Election

Report for the:

through

General (30G)

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State of

certify that	I have examined	this Report	and to the	best of my	knowledge an	id belief it is true,	correct and complete.
•		· (11 1) i			•

Election on

Type or Print Name of Treasurer

Report (Non-election

Year Only) (MY)

(TER)

Termination Report

Signature of Treasurer

JABrank .

Date



Runoff (30R)

10

2018

Special (30S)

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

	Office
ı	Use
	Only

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 Congressiona Committee Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at 1,4,,2,5,1,9,0 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) 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.

DETAILED SUMMARY PAGE of Receipts

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Page 3

٧	Vrite or Type Committee, Name		· · · · · · · · · · · · · · · · · · ·
	Indiana Chamber Congs	essional Action Committee	
	Į M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mam / 1000 / 1000 /
_ R	leport Covering the Period: From:	4 01 2018	To: [0.6] [7.0] [2018]
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	Anaderate transfer of transfer	
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add	parties and the second	
	Lines 11(a)(i) and (ii)	and the Standard Standard Standard Standard	
		And der resistant des relations of the second sections of	the state of the s
	(b) Political Party Committees		
	(c) Other Political Committees	W. January Company of the Company of	A secretary of the second secretary of the second s
	(such as PACs)	from the word on Flower descendence Wilson describer Wilson Come of	hand a desiding to the 172 desides the
	(d) Total Contributions (add Lines	•	·
	11(a)(iii), (b), and (c)) (Carry	and the surface of th	generality and the conference of the conference
40	Totals to Line 33, page 5)		had not been been been been been been been bee
12.	Transfers From Affiliated/Other	the market and another and are also and a second and a second and a second	anandra visi ma than atamatha an dan atamatha an atamatha at
	Party Committees	เลืองเขาที่เกละแก้การเรียก เกล้าก็เกละเก็บการเรียกเกล้าการเก็กระบบกับการเก็บการเก็บการเก็บการเก็บการ สุดเกลร์สุดเกราจากการเกรารการเกรารณาการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก	de como de constitución de la como de constitución de constitu
13.	All Loans Received	Ø	Ø
		Assembly a distribution of the control of the contr	Name on from the constitute in additional and generally constitute in the constitution of the April of the Constitution of the
14.	Loan Repayments Received	Ø	
	Offsets To Operating Expenditures	brownell count the well are released Theresell are released the first the first of	Because Land Commission of Com
	(Refunds, Rebates, etc.)	Messamilla enerstilla visconilla mengalligani kan nikalikan mengalli meneralikan mendikan mendilan 1860 l	ดีของเหลือเลของใช้เกาเลของในแบบที่เราการเลือนการเลือนการเลือนเกาเล้าแก่ และ ก็การแบบที่ผู้ จะ กล่ะ
	(Carry Totals to Line 37, page 5)	0	\mathcal{O}
16.	Refunds of Contributions Made	โดยเหลือเลยเรียนเกียงเกรียนเลยี่ ของเมืองเกรียนเลยี่ เกาะเกรียนเลยี่ เกาะเกรียน ได้เกาะเก็บ	lanced and in the college of the col
	to Federal Candidates and Other	he continue the early well and the continue the continuent the con	สีราคทัวงานใหลดเป็นเทาสีภาพาศิกษาที่ระหาที่เกาะที่ในการประกาณที่สุดเกาะปี
	Political Committees		
17.	Other Federal Receipts	harreshment and a management and a confineration contains and a sense.	de met a mission de med med med med de med (med med)
	(Dividends, Interest, etc.)	and make The American Continued and the Time	
18.	Transfers from Non-Federal and Levin Funds	Management and entires in accommendation of the comment of the com	
	(a) Non-Federal Account	A	
	(from Schedule H3)	houset was it with wallowed we will tree it was to the formal	Lacard San
	"\\" \ \" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A STATE OF THE PARTY OF THE PAR	A
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		Sample of the state of the stat
	(-)	hadanin in the day of the land in firm	and we the collection of the state of the st
40	Total Receipts (add Lines 11/4)		·
15.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	The state of the s	A l
	12, 10, 17, 10, 17, and 10(b)/		L
20.	Total Federal Receipts		Control of the Contro
	(subtract Line 18(c) from Line 19)▶	Ø	
		Landand and landand the first made and the	handwide Tours and mile the standard of the st

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DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Franciscontinuo (m. 1911)	Calendar Year-to-Date
	(i) Federal Share		
	(I) Federal Share	Samuel Annual American Samuel Samuel Annual	describes and a set to have demonstrated in the contraction of the con
	(ii) Non-Federal Share	0	CENTRAL PORT OF THE PROPERTY O
. (b) Other Federal Operating	Committee and the second committee of the second commi	hamili de de la companya de la comp
•	Expenditures	0	
(c) Total Operating Expenditures	terreduced to the transfer of the second of	in a sure of the s
	(add 21(a)(i), (a)(ii), and (b))▶	0	
22. 1	ransfers to Affiliated/Other Party	from the condition of t	
	Committees	122120	
23. C	Contributions to Federal Candidates/Committees		
a	and Other Political Committees		1 1 9 1 1 9 1 1 2 P
	ndependent Expenditures	land marken should rathered random handle a	landandandan hadanahan banka kadhan
25. Č	use Schedule E) Coordinated Party Expenditures	Landon Franchischer Burger	
- (52 U.S.C. § 30116(d)) use Schedule F)	The state of the s	A second
,	use scriedule i j		
26. I	oan Repayments Made	A second	The second secon
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de color al la 12 indicada de la 12 anila al la 12 anila anila anila de la 12 anila anila anila anila anila ani
	oans Made	8	
28. F	Refunds of Contributions To: a) Individuals/Persons Other	Landaud market and a series of the series of	handandan Bankandan Bankandan Sakan
(Than Political Committees		Ø
		Comment of the state of the sta	kanandan milana Tanandan dan Tanandan da Kalandan da milan da makan da makan da makan da makan da makan garan garan da makan da ma
(b) Political Party Committees		O and the same
(c) Other Political Committees	proceedings who are first to continue the continue the continue that the continue t	llemand framedlinere den verst somed lane et besende en delse et bleve es den verste somed. Generalije en versjonen op er værig mossif en versjonen og versag en versjon versjon versjonen.
	(such as PACs)	and the second s	
(4	d) Total Contribution Refunds	Commission contractions in the contraction of the c	in a stantage of a substitution of the substit
	(add Lines 28(a), (b), and (c))▶		
		Because the commend of the second and the second	tene militaria di marali amendia mandia amendia mandia mandia mandia mandia (di semanta).
	Other Disbursements (Including	denesturmhumhumilmuchranthumhumhumhumide	a amendicanthraced nimitaced incellent describination all an al
יו	Ion-Federal Donations)	De la companya del companya de la companya del companya de la comp	and the state of t
30. F	ederal Election Activity (52 U.S.C. § 30101(•	<i>(</i>
	a) Allocated Federal Election Activity	-"/	
•	(from Schedule H6)	######################################	The Bellevin Colored and State Congress of the section of the Property of the State Congress of the State Cong
	(i) Federal Share		
		mande and the sale of the sale	and the state of t
	(ii) "Levin" Share	6	
(1	b) Federal Election Activity Paid		
	Entirely With Federal Funds		
. (c) Total Federal Election Activity (add		the properties of the second control of the
•	Lines 30(a)(i), 30(a)(ii) and 30(b))		La de la companya de
31. T	otal Disbursements (add Lines 21(c), 22,	(
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	6	was familia and man familia and manda and and a
-		and and and the description of the second	
32. T	otal Federal Disbursements		. /
	subtract Line 21(a)(ii) and Line 30(a)(ii)	Security and a second second sections as description of the second secon	Employed the contract of the c
fı	rom Line 31)		
		hand have in a liberal wall and liberal residence for a filler	Beauthandhad 19an leadhad 12amhadhad 15aml

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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	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))▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	()	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

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SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 15 16 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) ongtessional Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... A. January -A--T--C-

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03
-00217570

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE OF					
EMIZED DISBURSEMENTS Use separate schedule(s		(check only one)				
•	Detailed Summary Page	21b 22 23 26 27				
		28a 28b 28c 29 30b				
	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
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)						
	Δ					
Indiana Chamber Cons	pressional Action	Cummittee				
Full Name (Last, First, Middle Initial)						
A.		Date of Disbursement				
NA U. Address		WINT / DED / VICTOR				
Mailing Address		Unanternal Lauretinal Constantification				
City	State Zip Code	FEC Identification Number				
Purpose of Disbursement	(F)22	C				
Candidate Name	<u> </u>					
		Category/ Amount of Each Disbursement this Period				
Office Sought: House Disburser	ment For:					
Senate	Primary General	Elementehmunden and Ariman hannak and Ariman kannak kannak kannak kannak kannak kannak kannak kannak kannak ka				
State: District:	Other (specify) ▼	Memo Item				
Full Name (Last, First, Middle Initial)						
B.		Date of Disbursement				
						
Mailing Address						
City	State Zip Code	FEC Identification Number				
Purpose of Disbursement	75.0	C				
Candidate Name		Category/ Amount of Each Disbursement this Period				
		Туре				
Office Sought: House Disburser		Later the State of				
L_J L_J	Primary General	tersa				
State: District:	Other (specify)	Memo Item				
Full Name (Last, First, Middle Initial)						
C.		Date of Disbursement				
	· · · · · · · · · · · · · · · · · · ·					
Mailing Address						
City	State Zip Code	FEC Identification Number				
Purpose of Disbursement						
Candidate Name	andidate Name Category/					
Office Cought		Type				
Office Sought: House Disburserr Senate	nent For: Primary General	Land 33 de la Standard Albert				
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other (specify)					
State: District:	V V *** W/ V	Memo Item				
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Paried (last page this line number only)						

SCHEDOLL C (I LC I OI)	111 3A)			_	
LOANS				Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)				l	
Indiana Chamber	. Con	gression al	A.	ction Committee	
LOAN SOURCE Full Name (La	ast, First, Mi	•	•	☐ Memo Item E	Election: Primary General
Mailing Address		•			Other (specify) ▼
City		State	ZIP Cod	je .	
Original Amount of Loan	continue la com	Cumulative Payr			e Outstanding at Close of This Period
TERMS	and the disease	and and an inches	lacest to the lacest to		
Date Incurred	And And		te Due	Interest Rate	% (apr) Yes No
List All Endorsers of Guaranto 1. Full Name (Last, First, Middle	Actual and Application Liber and and the	io Loan Source		Name of Employer	
Mailing Address				Occupation	,
City	State	ZIP Code		Guaranteed	compared to the second process from the formal process (see second persons)
2. Full Name (Last, First, Middle	Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Guaranteed	and manufacture of the second
3. Full Name (Last, First, Middle	Initial)			Name of Employer	
Malling Address				Occupation	
City	State	ZIP Code		Guaranteed	
4. Full Name (Last, First, Middle	4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	1	Guaranteed	The standard of the standard
SUBTOTALS This Period This Page	o (optional).			7 ពួ	
TOTALS This Period (last page in the	nis line only	/)			
Carry outstanding balance only to	INF 3 Sch	edule D. for this I	ine if n	o Schedule D. carry forward	d to appropriate line of Summery

2018 - 07 - 11 - 03 - 00217572

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Indiana Chamber Congression	I Action Committee	e [C]00405597
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	managanisang arang parang arang parang p	0/
Mailing Address		MANI / LOBOI / TVIVEY-VVI
City State Zip Code	Date Incurred or Established Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurre	d [
B. If line of credit, Amount of this Draw:	Ralance	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	What is the value of this collateral?
		Does the lender have a perfected security
	-A !a-wa wladaad aa	interest in it? No Yes
E. Are any future contributions or future receipts of interection collateral for the loan? No Yes If yes, s	, <u> </u>	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:	
Mam / Barb / Vavara	City, State, Zip:	
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pledged does not equal or exceed ich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		.
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter are accurate as stated above.		
The loan was made on terms and conditions (including similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	comparable credit worthiness. I loan must be made on a basis	which assures repayment, and has
complied with the requirements set forth at 11 CF AUTHORIZED REPRESENTATIVE	FR 100.82 and 100.142 in makin	ng this loan. DATE
Typed Name		DATE
Signature	е	

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SCHEDULE D (FEC Form 3X)			(Use separate	, PAGE OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:		
Excluding Loans			for each numbered line)	1 (************************************
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congo	essions/	Action Com	Mittee	
A. Full Name (Last, First, Middle Initial) of Debte				Debt (Purpose):
Mailing Address				
City	State	Zip Code		
S.i.y	Oldio	2,5 0000		•
Outstanding Balance Beginning This Period				
and the second s				
Amount Incurred This Period	Pav	yment This Period	Outstan	ding Balance at Close of This Period
describe and the state of the s		relaments with months and the months		almost and an all an almost an all an al
ingradience de constitue de constitue de la constitue de constitue de constitue de constitue de constitue de c		relanded Touthers	indeed broken	Land The American Toursday Section Security
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
Mailing Address	<u>, </u>			
City	State	Zip Code		
City	State	Zip Code		
Outstanding Balance Beginning This Period		·		
and the second of the second o				
Amount Incurred This Period	Pav	ment This Period	Outstan	ding Balance at Close of This Period
he referent here here here here here here here		elleneiterrellene Ernesteneste		during parameter at close of this i close
	landarde iVa	American Time Break and the	water lander	House Standard Standard Standard
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of	Debt (Purpose):
·				
Mailing Address				
		Ta. a .		
City	State	Zip Code		
Outstanding Balance Beginning This Period		<u></u>	_,	
	_			
Amount Incurred This Period		ment This Period	Outstand	ding Balance at Close of This Period
landaminational matter de la company de la c	markensker#Fee	Penarkari Panakarikarikan		Anna Tima langelland and The address
			Hrankon.	
1) SUBTOTALS This Period This Page (optional)		••••••		
2) TOTALS This Period flast page this line number	only)			
2) TOTALS This Period (last page this line number	——————————————————————————————————————		P. Section Section 1	
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page or	nly)	11	

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMZED INDEPENDENT EXPENDITURES				PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)		1		FEC IDENTIFICATION NUMBER ♥
Indiana Chamber Congressional	Action	Committee		C 0,0,4,0,5,5,9,7
Check if 24-hour report 48-hour report		port Amends repo	ort filed	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	·			
Mailing Address				Amount
City	State	Zip Code		
Only	Clare	Zip Code		handland and the allered to a clean the attended to the
Purpose of Expenditure		Category/	क्षिप्रज्ञम् । 	Date of Disbursement or Obligation
		Type	9	
Name of Federal Candidate:		Support	Offic	e Sought: House District:
		Oppose		President Senate State:
Per Flection for Office Sought		The state of the s	Disb	ursement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
	т			Amount
City	State	Zip Code		harten bester be
Purpose of Expenditure				Date of Disbursement or Obligation
		Category/ Type	, and the second	MIM, DOO, VVVV
Name of Federal Candidate:		Support	Office	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ufficeret been ad months.	entantine dependence	Disbu	ursement For: Primary General
Landbook of the state of the st	0-1-1-0		l	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures				
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	***************************************	•••••••••••••••••••••••••••••••••••••••	•	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures	•••••••••••••••••••••••••••••••••••••••		>	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized	reported herein were committee or agent of	not ma	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Signature		_ Date	TWO O	70 / 70 70 70 70 70 70 70 70 70 70 70 70 70
Signature				ADDRESS CONTROL ADDRESS CONTROL OF THE PROPERTY OF THE PROPERT

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY BOLITICAL BARTY COMMITTEES OF DESIGNATED AGENTS

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To k	e used only	by Po	olitical Com	mittees in the Gen	eral Election)	FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)						. ,	,
Tudiana / Ganter Con	ngression	,/	Action	Committee			
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address							
If YES, name the designating committee:							
	Sta	te ZIP (Code				
Full Name (Last, First, Middle Initial) of E	Each Payee			☐ Memo Item	Purpose of Expe	enditure	Category/
Mailing Address				•	Dete		Type
City	State		Zip Code		Date		
Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:		wileconbeneries de	
Expenditure for this Candidate	Amerikani Permik	-			banan kana kana kana kana kana kana kana	mile mile Time for	and a market and a
Full Name (Last, First, Middle Initial) of E	ach Payee			☐ Memo Item	Purpose of Expe	enditure	Category/
Mailing Address					Date		Туре
City Name of Federal Candidate Supported	State		Zip Code				
Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:			
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Full Name (Last, First, Middle Initial) of E	ach Payee			☐ Memo Item	Purpose of Expe	nditure	Category/
Mailing Address					Date		Туре
City			-1				
	Office Sought		House Senate Presidential	State: District:		ethanellessAmmelless	-SheenStean-Shear
Aggregate General Election Expenditure for this Candidate ▶							
SUBTOTAL of Expenditures This Page (optional)							
TOTAL This Period (last page this line number only)							

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							
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal							
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal							
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below Federal							

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New

ACTIVITY OR EVENT IDENTIFIER

Revised

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) Chamber Congressional Action Committee Indiana **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. II. 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 activity. 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 OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL %** ACTIVITY IS: Fundralsing Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** 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: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

NONFEDERAL %

FEDERAL %

Same as Previously Reported

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

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR	PAGE OF
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)	
	the state of the s
NAME OF ACCOUNT DATE OF RECEIPT	€ TOTAL AMOUNT TRANSFERRED
TAME OF ACCOUNT	TOTAL AMOUNT TRANSPERSED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
i) lotal Authinistrative	
li) 'Generic Voter Drive	the state of the s
3	
lii) Exempt Activities	
iv) Direct Fundralsing (List Activity or Event Identifier)	Victor A Tomas Andrews
a)	
	<u>all</u>
b)	<u> </u>
c) Total Amount Transferred For Direct Fundraising	receive and the safety and the safet
v) Direct Candidate Support (List Activity or Event Identifier)	
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a)	z.
the second secon	
b)	
c) Total Amount Transferred For Direct Candidate Support	
o) lotar minority i of bridge canalian department of the canalian departmen	North Research and Research Research and Res
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	
TOTAL This Period (Administrative)	на <u>пова п</u>
TOTAL This Period (Generic Voter Drive)	· 12 0 14 15 0
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TOTAL This Period (Exempt Activities)	
TOTAL This Desired (Direct Eugensteine)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
· [
TOTAL This Period (Total Amount Transferred)	

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	(OF	1	
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IN	AME OF COMMITTEE (In Full) Indian Charber Congress	sions / H	ction C	VMMitter		
Ā.	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:	-				
	Activity of Event Identifier.		Category/ Type	Date / Date		
	FEDERAL SHARE		ONFEDERAL	SHARE	TOTAL AMOUNT	
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:	
	Mailing Address				Administrative Fundraising Exempt	
					U Voter Drive Direct Candidate Support	
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:	<u></u>		Handleisu Brows	Allocated Activity or Event Year-To-Date	
					Samuellanese Lace Proceed annualisation Viscondance of the Filmonthum of	
	Activity or Event Identifier:		Category/ Type	Date		
	FEDERAL SHARE					
C.	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		Public Comm (ref to party only) by PAC	
•	Purpose of Disbursement:	<u></u>	(Jeanster and	Allocated Activity or Event Year-To-Date	
	Activity or Event Identifier:	····		Category/		
	•			Type	Date	
			ONFEDERAL	•	= TOTAL AMOUNT	
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SU	BTOTAL of Allocated Federal and NonFederal A	ctivity This Pa	ge			
	FEDERAL SHARE	h NC	NFEDERAL		= TOTAL AMOUNT	
то	TAL This Period (last page for each line only)(Fo					
	FEDERAL SHARE		NFEDERAL	allumilianianista	TOTAL AMOUNT	
			and and and the	alamba Zadan		

.SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR

			ECTION ACTIVITY		•	PAGE OF			
10	o be used	by State, District an	d Local Party Commi	ttees Only)	•	FOR LINE 18b OF FORM 3			
١	IAME OF CO	MMITTEE (In Full)							
_	Indiana	Chamber	Congressions/	letion Commis	nee				
	NAME OF A		DATE OF RECE			OUNT TRANSFERRED			
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	BREAKDOV	VN OF THIS TRANSFER	3						
	VOTER REGISTRATION I) Voter Registration								
		Total Amount Transferred	for Voter Registration		-CA				
	li)	Voter ID			OTER ID				
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	,		for GOTV						
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	19)		for Generic Campaign Activi	ty	•				
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	NAME OF A	CCOUNT	DATE OF RECE	PT		OUNT TRANSFERRED			
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	11)	Voter ID Total Amount Transferred	for Voter ID		fi fi fi				
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

NAME OF COMMITTEE (In Full) Indiana (hamber (vagrossions) Hetien Committee							
Indiana Chamber	tee						
A. Full Name (Last, First, Middle Initial)	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign						
Mailing Address	Mailing Address						
Wanning Fladings							
City	City State Zip Code						
Purpose of Disbursement	Date / Coop / Coop						
FEDERAL SHARE	+	LEVIN SI		= TOTAL AMOUNT			
		ergen gewegenergen geweg					
B. Full Name (Last, First, Middle Initial)	/ Full Organ	ization Name	☐ Memo Item	Type of Allocated Activity or Event:			
				Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address				Allocated Activity or Event Year-To-Date			
City	State	Zip Code		month and the at Time I want be not The will need the will be not			
Purpose of Disbursement	Date / Date / VY VYVY						
FEDERAL SHARE	+	LEVIN SH		= TOTAL AMOUNT			
per region and personal person							
C. Full Name (Last, First, Middle Initial)	/ Full Organ	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address				Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Tankan Beril	Landing of the AT Time & medical Temples and Complete and			
Purpose of Disbursement			Category/ Type	Date Date			
FEDERAL SHARE	+	LEVIN SH		= TOTAL AMOUNT			
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SUBTOTAL of Shared Federal and Levin A	ctivity This F	Page		· · · · · · · · · · · · · · · · · · ·			
FEDERAL SHARE	+	LEVIN SH		= TOTAL AMOUNT			
TOTAL This Period (last page for each line FEDERAL SHARE	TOTAL AMOUNT						
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Indiany 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							
	(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 8)							
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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

PAGE OF ITEMIZED RECEIPTS OF LEVIN FUNDS for each category of the . FOR LINE NUMBER: (check only one) Aggregation Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of 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) (Orgtossiona Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period State City 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 C. 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).....

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

FOR LINE NUMBER: PAGE OF 1 Use separate schedule(s) for each category of the

0	f Levin funds		Aggregation Page	4b
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	NAME OF COMMITTEE (In Full) Tadiana Chanber C Full Name (Last, First, Middle Initial) / Full Org			
Д.	Full Name (Last, First, Middle Initial) / Full Org	Date of Disbursement		
	Mailing Address	Carrier Carrie		
	Purpose of Disbursement	State	Zip Code	Amount of Each Disbursement this Period
يحسر	Full Name (Last, First, Middle Initial) / Full Org			
8.		Date of Disbursement		
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	The state of the s		
c.	Full Name (Last, First, Middle Initial) / Full Org	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 Org	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 Orga	Date of Disbursement		
	Malling Address	WIW , DID , ARARAR		
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
s	UBTOTAL of Disbursements This Page (optiona	l)		
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FRI – 13 JUL AA EXPRESS SAVER 20002 DC-US IAD Align top of FedEx Express® shipping label here. Geographorities (Br) (Br) ē □ 6 Special Handling and Delivery Signature Options Fees may spopt, See the Fedex Service Guide. Cash/Chec MUR 1 Cargo Aircraft Only FedEx 2Day
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Enflict next business morning delivery to select
locations. Fiday shipments will be delivered on
Monday unless Saturday Delivery is selected. FedEx Priority Overnight Next business morning.* Friday shipments will delivered on Monday unless Seturday Delivery 2018-07 FedEx Standard Overnight Next business aftencon." Seturday Delivery NOT available. F. 0215 7 - Payment Bill to: FedEx Envelope* 5 Packaging **≗** Phone 317 264-3110 46204-3420 0125937353 FedEx carbon Freens envelope shipping 694-1000 Hold Weekday Fadex location address HEQUIRED. NOT available to Fedex First Overnight. Technology Control of State of 7000 earthsmart Company INDIANA STATE CHAMBER OF COMM SOC BHONE SOS ZI 7 Address 115 W WASHINGTON ST Address O 50 Flores of Pto. 219 Address Electon CINDIANAPRI IS Your Internal Billing Reference Wash no, 10 Сотрату ledex.com 1800.GoFedEx 1800.463.3339

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ΣS	7/11/18
PREPARER (3/2015)	DATE PREPARED