

**Join Us for an Evening of  
Celebration and Entertainment**

# 25th Annual Awards Dinner

## November 6

### Indiana Convention Center

### Downtown Indianapolis

Presented in partnership with



Uzelac & Associates Opening Reception: 5:00 p.m.  
Dinner: 6:30 p.m.

#### Keynote Address

Comedian, television and radio personality Dennis Miller will bring his wit and insights to the Chamber's annual celebration of business!

The *Saturday Night Live* alum, whose current focus is political commentary on Fox News and a nationally-syndicated talk radio program, will headline the event.

#### 2014 Honorees

Business Leader of the Year, Government Leader of the Year and Community of the Year - Bloomington

#### Registration/Information

Call Nick at (800) 824-6885 or go to [www.indianachamber.com/](http://www.indianachamber.com/)

#### Sponsorship Opportunities

Contact Jim Wagner at (317) 264-6876 or [jwagner@indianachamber.com](mailto:jwagner@indianachamber.com)



# INDIANA CHAMBER

LEADING BUSINESS | ADVANCING INDIANA

Ship: 115 W Washington St Ste 850S, Indianapolis, IN 46204-3497  
Mail: P.O. Box 44926, Indianapolis, IN 46244-0926  
Phone: 317-264-3110 Fax: 317-264-6855  
[www.indianachamber.com](http://www.indianachamber.com)

## FAX

TO: FEDERAL  
ELECTION COMMISSION

DATE: 10/15/2015

COMPANY: FEC

FAX NUMBER:  
202-219-0174

TOTAL NO. OF PAGES  
INCLUDING COVER: 23

PHONE NUMBER:

RE:

FROM: ASHTON ELLER

PHONE NUMBER:  
317-264-7536

(317) 264-3110

FAX NUMBER:

(317) 264-6855

Urgent     For Review     Please Reply

#### Comments:

I also submitted this report via USPS mail. Just wanted to submit via fax to confirm you received it by the required deadline.

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street)

1115 W WILSHAMINGTON ST SUITE 810 S

Check if different than previously reported. (ACC)

INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00405597

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [M/M/DD/YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [M/M/DD/YYYY] in the State of [ ]

5. Covering Period

07/01/2014 through 09/30/2014

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

Type or Print Name of Treasurer Jeff Brantley

Signature of Treasurer

Date

10/09/2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

FECAN02A

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period:

From:

07 01 2014

To:

09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		2994.90
(b) Cash on Hand at Beginning of Reporting Period	5,419.90	
(c) Total Receipts (from Line 19)	0	3,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5,419.90	5,994.90
7. Total Disbursements (from Line 31)	0	575.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,419.90	5,419.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Chamber Congressional Activity Committee

Report Covering the Period:

From:

07, 01, 2014

To:

09, 30, 2014

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).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

Table with 1 column for descriptions and 1 column for values (mostly 0).

Table with 1 column for descriptions and 1 column for values (3,000.00).

INDIANA CHAMBER OF COMMERCE

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	575.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	575.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	575.00

DISBURSEMENTS

FROM: HHH | GUEST

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	300000
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

UNION ILLINOIS

FECAN02u

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**A.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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*

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
*Indiana Chamber Congressional Action Committee*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
Mailing Address  
City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

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

140N111010000

# 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 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER <i>000405597</i>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y
City State Zip Code	Date Due	M M / D D / Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:  
Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
What is the value of this collateral?  
Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If 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 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 Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
I. 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.  
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
III. This Institution is aware of the requirement that 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 Typed Name Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

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)

9 10

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor.

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

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

[Faint, illegible text in the bottom right corner of the form]

2010-11-10 10:00

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) <i>Indiana Chamber Congressional Action Committee</i>		FEC IDENTIFICATION NUMBER <i>000405597</i>
--	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation
Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation
Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature \_\_\_\_\_ Date *10/15/2014*

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 1 OF 1 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO			Full Name of Subordinate Committee		
If YES, name the designating committee:			Mailing Address		
City		State		ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought:	House	State:	Amount
			Senate	District:	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought:	House	State:	Amount
			Senate	District:	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		
City		State		Zip Code	
Name of Federal Candidate Supported		Office Sought:	House	State:	Amount
			Senate	District:	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					

2014 OCT 15 15:35

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

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..... %

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- 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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %



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

PAGE 1 OF 1
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
ii) Generic Voter Drive
iii) Exempt Activities
iv) Direct Fundraising (List Activity or Event Identifier)
a)
b)
c) Total Amount Transferred For Direct Fundraising
v) Direct Candidate Support (List Activity or Event Identifier)
a)
b)
c) Total Amount Transferred For Direct Candidate Support
vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)
TOTAL This Period (Generic Voter Drive)
TOTAL This Period (Exempt Activities)
TOTAL This Period (Direct Fundraising)
TOTAL This Period (Direct Candidate Support)
TOTAL This Period (Public Communications Referring Only to Party)
TOTAL This Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
Voter Drive Direct Candidate Support
Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
Voter Drive Direct Candidate Support
Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
Voter Drive Direct Candidate Support
Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(s)(i) and NonFederal share to 21(s)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE 1 OF 1 FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee

Table with 3 columns: NAME OF ACCOUNT, DATE OF RECEIPT, TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER table with categories: i) Voter Registration, ii) Voter ID, iii) GOTV, iv) Generic Campaign Activity

Table with 3 columns: NAME OF ACCOUNT, DATE OF RECEIPT, TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER table with categories: i) Voter Registration, ii) Voter ID, iii) GOTV, iv) Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) table with rows for Voter Registration, Voter ID, GOTV, Generic Campaign Activity, and 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 ( OF 1
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Type of Allocated Activity or Event:
Voter Registration, Voter ID, GOTV, Generic Campaign
Allocated Activity or Event Year-To-Date
Date
Category/Type

Table with columns: FEDERAL SHARE, LEVIN SHARE, TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Type of Allocated Activity or Event:
Voter Registration, Voter ID, GOTV, Generic Campaign
Allocated Activity or Event Year-To-Date
Date
Category/Type

Table with columns: FEDERAL SHARE, LEVIN SHARE, TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Type of Allocated Activity or Event:
Voter Registration, Voter ID, GOTV, Generic Campaign
Allocated Activity or Event Year-To-Date
Date
Category/Type

Table with columns: FEDERAL SHARE, LEVIN SHARE, TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))
TOTAL This Period for the Levin Share

1-800-441-0000

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

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee
NAME OF ACCOUNT

Table with columns: COLUMN A TOTAL THIS PERIOD, COLUMN B YEAR-TO-DATE. Rows include: 1. RECEIPTS FROM PERSONS (a) Itemized, (b) Unitemized, (c) Total; 2. OTHER RECEIPTS; 3. TOTAL RECEIPTS; 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (a) Voter Registration, (b) Voter ID, (c) GOTV, (d) Generic Campaign, (e) Total; 5. OTHER DISBURSEMENTS; 6. TOTAL DISBURSEMENTS; 7. BEGINNING CASH ON HAND; 8. RECEIPTS; 9. SUBTOTAL; 10. DISBURSEMENTS; 11. ENDING CASH ON HAND.

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

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

PAGE OF

FOR LINE NUMBER:  
(check only one)

1a

2

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NAME OF COMMITTEE (In Full)

*Indiana Chamber Congressional Action Committee*

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

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
OF LEVIN FUNDS

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

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

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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

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address

City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address

City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address

City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

D. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address

City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

E. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address

City State Zip Code
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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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(8/2013)

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