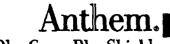
# 25th Annual Awards Dinner

### November 6

## Indiana Convention Center

## **Downtown Indianapolis**

Presented in partnership with







BlueCross BlueShield

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/

#### Sponsorship Opportunities

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



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

## FAX

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) 264-3110
047 004 7500	
317-264-7536	
517-264-7536 FAX NUMBER:	(317) 264-6855
	(317) 264-6855

#### 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

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	£177 \$4,8	April 15 Quarterly R	seport (O1)		04	Apr 20 (M	(), 63 		(M7)	li di	Oct 20 (M10)	7 Total	Jan 31 (YE)
	No.	July 15 Quarterly R		(c)	12-Day PRE-Election		Primary (1	(2P)	2 g	Gen	eral (12G)		Runoff (12R)
	Χ	October 15			Report for t	he:	Conventio	n (12C)		Spe	cial (12S)		
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	inv V	July 31 Mid Report (Nor Year Only)	n-election	(d)	30-Day POST-Elect		General (3	30G)		Run	off (30R)	year.	Special (30S)
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тои	E: Submi	ssion of false	e, erroneous	, or inco	omplete infor	mation may	subject the p	erson sign	ning this	Report	to the penalti	es of 2 l	J.S.C. §437g.
L	U:	ice se nly										FOR ev. 12/2	M 3X

Γ -	FEC Form 3X (Rev. 02/2003) Write or Type, Committee Name	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Indiana Chamber C	engrassional Action Com	-itter
j	Report Covering the Period: From:	7 01 20144	To: 09 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  Z 6 1 4		2,994,90
	(b) Cash on Hand at Beginning of Reporting Period	5.419.90	
	(c) Total Receipts (from Line 19)	e de la composición del composición de la composición del composición de la composic	
	(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	5,999,90
<b>7</b> .	Total Disbursements (from Line 31)		5,7500
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	541990	541990
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		and the second s
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	: This committee has qualified as a multic	candidate 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	

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	DETAILED SUMMARY PAGE	
FEC Form 3X (Rev. 05/2004)	of Receipts	Page 3
Write or Type Committee Name Indiana Chamber C	orgressiesel Action Com	ittee
Report Covering the Period: From:	07 01 2014	To: 09 70 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	And the second s	h con ant heart. The start to start the test that they be the start the start the start the start the start the
(i) Itemized (use Schedule A)	The winds the self-transfer and the self-transfer transfer and the self-transfer and the self-transfer and the self-transfer and transfer and transf	in the section of the
(ii) Uniternized	an an an an Airle ann an an an an an an an an Airle an A Mhaille an an an an Airle ann an Airle	te.  On the construction of the construction o
(iii) TOTAL (acd		
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(b) Political Party Committees	17 Production of the Committee of the Co	in onto ellosto prome desellos de societa de la collectica de la collectic
(c) Other Political Committees	<i>a</i>	The common to a story as to be a stand to replace the contract as a story
(such as PACs)	Agentimization of the simulation of the self-series - The self-series	The contract walking to the contract the second territory of the
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	Complete Strang Committee of the section of the sec	the advance was received to the comment and the state of the comment and t
Totals to Line 33, page 5)	Suffer of Contract to the Contract Cont	To the section of the section of the state of the section of the s
12. Transfers From Affiliated/Other	8 Care Stone of months or will any of the million o	the significant water the material and t
Party Committees	for well-words and Barrott ment in will be and broad on which words from the care for the company of the compan	ම්ලායක් පාතක්කාරේ (ලංකු විශායක්කා වර්කාවේකා රෙනික මේ විශායක් දුවරයාලය පහලන වලදානට ලංකා ලක්කා දුවර වෙනුවේ සම්බන්ධ විශායක් දුවර දෙනුවේ ද
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14. Loan Repayments Received		For a disease with a collection with the state of the collection o
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	Was who wise a function of an element of a configuration of manifest of a	and the amilian opening and a second of the second and the second
16. Refunds of Contributions Made	The first of a color of the star spin as a color of tent to a transfer of	han the good committee of his continuent to make a self of the continuent
to Federal Candidates and Other	n was government of contacts for foreign the foreign t	ali aliaskanas inggaran et skalas ilangang pakakan alik asakan kan kasaka
Political Committees	/ <b>/</b>	Ø
17. Other Federal Receipts	The first of the Market was a Landberg to the stand	The residence of the self-transfer and the s
(Dividends, Interest, etc.)	d	a
18. Transfers from Non-Federal and Levin F	unds	The state of the s
(a) Non-Federal Account	and the second of the second o	and the second of the second o
(from Schedule H3)		and the second section of the second
	is a country to which continues in the massing association for the country of the	Distriction of American by Large medical state and a state of the stat
(b) Levin Funds (from Schedule H5)	m - Victoria de Caracteria	a - Vice di cutil contacuntre d'Almantina le ret de mille
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(c) Total Transfers (add 18(a) and 18(b)		Transit ment mat to obligation of the continue
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19. Total Receipts (add Lines 11(d),	Establishment Franklich bereicht bereicht erführe bei der der der der beseicht	There are an a the constituently because meanings of section with complete and section of the
12, 13, 14, 15, 16, 17, and 19(c))	N.	7,800,06
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(subtract Line 18(c) from Line 19)	► 1	3,00000
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# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

_	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	The extension of the configuration of the configura	galangen garan manasti palanga lagi lagi sajar ngeragga
	(i) Federal Share		· · · · · · · · · · · · · · · · · · ·
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	(ii) Non-Federal Share	<b>Ø</b>	E Company Design to the first terms
	(b) Other Federal Operating	The state of the control of the state of the	grammatic in the second of the
	Expenditures	of the control of the	- : (
	(c) Total Operating Expenditures	Control of the first of the formation of the first of the	San ale papira de la comercia de Maria de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia de la comercia del l
_	(add £1(a)(i), (a)(ii), and (b))▶	Language Complete State of the Contract Contract Co	and the second s
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	Control of the Contro	
• •	Federal Candidates/Committees	The state of the s	•
	and Other Political Committees Independent Expenditures		
4.	(use Schedule E)		: A
5.	Coordinated Party Expenditures	The state of the s	The state of the s
	(2 U.S.C. §441a(d)) (use Schedule F)	<i>(</i> ):	
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<b>3</b> .	Loan Repayments Made		
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7.	Loans Made	Ø	<b>O</b>
3.	Refunds of Contributions To: (a) Individuals/Persons Other	Linear interest the Committee of the second	Programme and the second programme and the sec
	Than Political Committees	arphi	4
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	(b) Political Party Committees		
	(c) Other Political Committees	Anna mana of transaction the sales and sales and sales and sales and sales and sales are sales and sales and sales are sales and sales are sales and sales are sales are sales and sales are sales a	
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	(d) Total Contribution Refunds	gradient in the month of the second of the s	A cata nacrolingualization membrahambara
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	(b) Federal Election Activity Paid Entirely	งสามารถและ 2 เมษายน (ค.ศ. 22) และ กระบบรร ระบบรร รับเปลี่ยนนั้น สามารถ เประชาการทุกสมรัฐ และ กระบบราหายสามารถสามารถสามารถ	time to the first of the second of the secon
	With Federal Funds		<i>d</i>
	(c) Total Federal Election Activity (add	Level and a series of the distribution of the section of the secti	<ul> <li>Long that four function for the control of the contro</li></ul>
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		fact the Coal Parel 1 of the Monthmatical Indian in the	Constitution of the state of the contract of the second state of t
	Total Disbursements (add Lines 21(c), 22.	De la	waa gaa saa saa saa saa saa saa saa saa s
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	B	
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	Total Federal Disbursements		
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#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 5

#### III. Net Contributions/Operating Expenditures

FEC Form 3X (Rev. 02/2003)

- 33. Total Contributions (other than loans) (from Line 11(d), page 3) .....
- 34. Total Contribution Refunds (from Line 28(d)).....
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....
- 38. Net Operating Expenditures (subtract Line 37 from Line 36) ......

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date



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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)  11a 11b 11c 12  13 14 15 16 17
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Full Name (Last, First, Middle Initial)  A.  Mailing Address  City	Stale Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For:  Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼	
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FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
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FEC Schedule A (Form 3X) Rev. U2/2003

SCHEDULE B (FEC Form 3X)		] 500 ( IV. 5	N. D. A. C. E. C.	PAGE OF
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	Detailed Summary Page	21b 27	22 26a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full) Lydian Maybe	- Congressional	Action	Commissee	
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SCHEDULE: C (FEC F	form 3X)		
LOANS		Use separate schedule(s) PAGE OF for each category of the Detailed Summers Page FOR LINE 13 OF FORM	3Y
		Detailed Summary Page FOR LINE 13 OF FORM	٥٨
NAME OF COMMITTEE (In Full	()		
$\tau$ $//$ $//$		etion Committee	
Indiana Crabo		cton Committee	
LOAN SOURCE Full Name	(Last, First, Middle Initial)	[""] Primary	
		General	
		Other (specify)	
Mailing Address		Jan Other (specify)	
	State ZIF	P Code	
City			Bariad
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This	
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Date Incurred	Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
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List All Endorsers or Guara	antors (if any) to Loan Source		
1. Full Name (Last, First, N	Niddle Initial)	Name of Employer	
Mailing Address		Occupation	
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City	State ZIP Code	Guaranteed Outstanding: Sectional and tree modes that it willows to be a section of the continuous and the c	
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Mailing Address	•	Occupation	
	State ZiP Code	Amount Characters and the second seco	<b>Ç</b>
City	State ZIF Code	Outstanding: No. 100 Annual Control of the Control	i.
3. Full Name (Last, First, M	iddle (nitial):	Name of Employer	
5. Full Maine (Last, First, M	iodie milaly	Name of Employer	
Mailing Address		Occupation	
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		Amount	_,
City	State ZIP Code	Guaranteed	:
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4. Full Name (Last, First, M	iddle Initial)	Name of Employer	
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Carry autatanding halance and	v to LINE 2 Cohodula 5 for this lie	a If no Schodula D. carry forward to companieto lies of Com-	
carry outstanding balance onl	y to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Sum	mary.

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FEC Schedule C (Form 3X) Rcv. 02/2003

SCI	HEDULE C-1 (FEC Form 3X)		Supplementary for
	ANS AND LINES OF CREDIT FROM LE	ENDING INSTITUTION	Supplementary for Information found on
	al Election Commission, Washington, D.C. 20463		Page of Schedule C
NAN	E OF CCIMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
	Indiana Chamber Congressional	Action Commissee	C 00 4 0 5 5 9 7
1	DING INSTITUTION (LENDER) Name	Amount of Loan	Interest Rate (APR)
0,1	Name	5 4	. %
Maili	ng Address		'M 'M ' 'D 'D'' ' 'Y 'Y 'Y
		Date Incurred or Established	
City	State Zip Code	Date Due	The same of the sa
Ţ	A. Has loan been restructured? No Yes	If yee, date originally incurre	d Survey Company of the American
E	Amount of this Draw:	Outstanding	gradient gewingen gewingen gewinale gew
7	. Are other parties secondarily liable for the debt incurr	red? ust be reported on Schedule C.)	
	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:	f deposit, chattel papers, r similar traditional collateral?	What is the value of this collateral?
			internet in it? ! I NO ! I Vec
-	Are any future contributions or future receipts of inter-	est income interded as	interest in it? No Yes
E	Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, to		What is the estimated value?
Ε	Collateral for the loan? No Yes if yes, to A depository account must be established pursuant		What is the estimated value?
Ε	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	specify:	What is the estimated value?
E	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:	What is the estimated value?
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	What is the estimated value?
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Very 100.00 (Very 100.00)  If neither of the types of collateral described above was the loan amount, state the basis upon which this loan.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	What is the estimated value?
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	what is the estimated value?
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Very 100.00 Very 1	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the	what is the estimated value?  amount pledged does not equal or exceed inch it assures repayment.
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  White Company and the logical described above was the loan amount, state the basis upon which this loan Typed Name  Signature  1. Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  1. To the best of this institution's knowledge, the teare accurate as stated above.	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the awas made and the basis on when the basis of the loan and other informations.	amount pledged does not equal or exceed nich it assures repayment.  DATE  DATE  mation regarding the extension of the loan
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Very 100.82 (e)(2) and 100.142(e)(2).  Date account established:  Very 100.82 (e)(2) and 100.142(e)(2).  Date account established:  Very 100.82 (e)(2) and 100.142(e)(2).  Date account established:  Very 100.82 (e)(2).  Collateral described above was the loan amount, state the basis upon which this loan the loan amount, state the basis upon which this loan signature  1. Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  1. To the best of this institution's knowledge, the teare accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of (III. This Institution is aware of the requirement that	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the was made and the basis on where the state of the loan and other information including interest rate) no more fall comparable credit worthiness. a loan must be made on a basis	amount pledged does not equal or exceed inch it assures repayment.  DATE  mation regarding the extension of the loan vorable at the time than those imposed for swhich assures repayment, and has
F	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Very 100.00 of very 100.00 of the loan amount, state the basis upon which this loan amount.  COMMITTEE TREASURER  Typed Name  Signature  1. Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:  1. To the best of this institution's knowledge, the teare accurate as stated above.  II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of	Location of account:  Address:  City, State, Zip:  as pledged for this loan, or if the was made and the basis on where the state of the loan and other information including interest rate) no more fall comparable credit worthiness. a loan must be made on a basis	amount pledged does not equal or exceed nich it assures repayment.  DATE  mation regarding the extension of the loan vorable at the time than those imposed for s which assures repayment, and has ng this loan.
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FEC Schedulc C-1 (Form 9X) Rev. 02/2003

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SCHEDULE D (FEC Form 3X)	(Use separate PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER: for each (check only one)
Excluding Loans	numbered line) 10
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional Merion Commi	गान्द
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
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	<del></del>
Outstanding Balance Beginning This Period	
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Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
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2) TOTALS This Period (last page this line number only)	•
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	The state of the s
A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only	v∧ <b>▶</b>
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FEC Schedule D (Form 3X) Rev. 02/2003

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ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF
NAME OF COMMITTEE (In Full)	<del></del>	FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congression Station Comis	tee	CO0405597
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Mailing Address		The world have been to be a second to be and
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City State Zip Code		or i kommonisti (Menergi) monderning tipe odle menderning tipe of monderning to
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Purpose of Expenditure Category/ Type	grangenegyska. Zagodenegyska. Zagodenegyska.	Committees described the following the second of the secon
Name of Federal Candidate	Support Office S	ought: House District:
	<del>~~~</del>	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	-	ment For: Primary General Other (specify) >
Full Name of Payee		ate of Public Distribution/Dissemination
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Mailing Address		The second secon
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City State Zip Code		ing Control of the Co
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Purpose of Expanditure Category/	de este des estados es	ate of Disbursement of Obligation
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Name of Federal Candidate	Support Office S	ought: House District:
	Oppose Pr	esident Senate State:
Calendar Year-To-Date	- Disburse	ment For: Primary General
Per Election for Office Sought	Alasto J	Other (specify)
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(b) SUBTOTAL of Uniternized Independent Expenditures		and the committee of the committee of the contract of the cont
(c) TOTAL Independent Expenditures		and the control of the second
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Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
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Signature	Date	Survey demand Bournesses water work more than

FEC Schedule E (Form SX) Rev. 09/2013

SCHEDULE F (FEC Form :	3X)						
TEMIZED COORDINATED PAI	ATY EXPEN	101	TURES N	ADE BY		•	
OLITICAL PARTY COMMITTE	ES OR DE	SIC	SNATED	AGENT(S)			
ON BEHALF OF CANDIDATES	FOR FED	ER.	AL OFFI	CE		PAGE	OF
2 U.S.C. §441a(d))	be used only	bv 1	Political Cor	nmittees In the G	icneral Election)	FOR LINE	5 OF FORM 3X
NAME OF COMMITTEE (In Full)	7 20 2002 01						
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las your committee been designated to m		Pull	Name of Su	bordinate Committ	€¢		
coordinated expenditures by a political per	ty committee?						
YES NO  I YES, name the designating committee:	}	Mail	ing Address				<del></del>
1 125, have the designating committee.	1	10((7:1	ing Address				
	t	City			Sta	ite ZIF	Coce
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Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Exp	enciturc	Sociotion con eff
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Malling Address					Date		Туре
City	State		Zip Code			\$1.00 . 7.2145	Colorest designed Alex
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Name of Federal Candidate Supported	Office Sought	: T	House	State:	Amount	***************************************	The second secon
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City	State		Zip Code		(1941 of 1941) 1 1 1 1	3. 4 Sept.	MAD ANY ALE
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Name of Federal Candidate Supported	Office Sought:		House	State:	Amount		
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#### 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)
Indian (hamber 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)
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B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees
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
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or  If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal

FEC Schedule H1 (Form SX) Rev. 12/2004

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SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE / OF
NAME OF COMMITTEE (In Foll)  Tradiana ( Graber Congressional Action	Committee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised.</li> </ol>	ethod" where the federal p	roportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to the federal proportion of disbursements is based on the beneficity. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	efit derived by federal cand munications or voter drive	didates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	5505041 0	NONECOCOM W
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Fundraising Direct Candidate Support	%	%
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FEC Schedule H2 (Form 3X) Rev. 12/2004

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

PAGE	OF	7		
FOR LINE	183 OF	FO	RM	3)

			FOR LINE 183 OF FORM 3X		
NAME (	OF COMMITTEE (In Full)				
7					
La	diana Chamber Conge	essional Action Com	nittee		
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
		13 N3 / D D / Y Y Y Y			
			eren 🤾 🐧 eren 😎 💮 eren 🕏		
BRE	AKDOWN OF TRANSFER RECEIVED		and the second s		
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l na	Exempt Activities	•			
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1	c) Total Amount Transferred For Direct Fundra	ising	ing the state of t		
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(v)	Direct Candidate Support (List Activity or Ev	ent (dentifier)			
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FEC Schedule H3 (Form 3X) Rev. 12/2004

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	SBURSEMENTS FOR ALLOCATED EDERAL/NONFEDERAL ACTIVITY		PAGE OF
			FOR LINE 21a OF FORM
	AME OF COMMITTEE (In Full)	ion Commis	
	Full Name (Last, First, Middle Initial)	OR COMMIS	Allocated Activity or Event:
•	For Maine (Last, 1 11st, Middle "Attaly		Administrative Fundraising Exemp
	Mailing Address		] r=1
			Voter Drive Direct Candidate Suppo
	City State Zip Co	ode	Public Comm (rel to party only) by PAC
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01	TAL This Period (last page for each line only)(Federal share to 21(a)(i)	and NonFederal sh	are to 21(s)(li))
	FEDERAL SHARE NONFEDER	AL, SHARE	TOTAL AMOUNT

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FEC Schedule H4 (Form 3X) Rev. 12/2004

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

# TRANSFERS OF LEVIN FUNDS RECEIVED FOR

	ED FEDERAL ELECTION by State, District and Loca		PAGE OF OF
NAME OF CO	MMITTEE (In Full)		FOR EINE 180 OF FORIM 32
Tandia		grassional Action Com	ittee
NAME OF	ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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		VOTER REGISTS	RATION
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m	Voter ID	· ·	OTER ID
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iii)	GOTV	a a ·	GOTA
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NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOV	VIN OF THIS TRANSFER		
·1)	Voter Registration	VOTER REGISTR	
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ii)	Voter ID	· · · · · · · · · · · · · · · · · · ·	Burk sudder yn 1 gant yffin yn asgell. B
	Total Amount Transferred for Voter	, ID	the section of the se
ra)	GOTV	,	GOTV
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TOTAL	. This Period (Total Amount of Tran	sters Received)	
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FEC Schedule H5 (Form 3X) Rev. 02/2003

PAGE

OF

# 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 Committee	es Only)	FOR LINE 30a OF FORM 3
NAME OF COMMITTEE (In Full)  Indiana (Gambo Congressional Actio	on Committee	e
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bear the Mile of the system of the self of
Purpose of Disbursement	Category/ Type	Date Same Same Same Same Same Same Same Sam
FEDERAL SHARE + LEVIN 1	an argunitarian and jed	
B. Full Name (Last; First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:    Voter Registration   GOTV
Mailing Address  City State Zip Code	Strandon Magazines	Allocated Activity or Event Year-To-Date
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN S	در دوروم که احتیاطه و صحوفی بیده و آورید	5 /
C. Full Name (Last, First, Middle Initial) / Full Organization Name		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/ Type	Date Same and Same an
FEDERAL SHARE + LEVIN S	tiller på gren er novek og pålige.	
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN S	SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) a FEDERAL SHARE	and Levin share to :	TOTAL AMOUNT
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#### SCHEDULE L (FEC Form 3X)

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AGGREGATION PAGE: LEVIN FUNDS

NAN	NAME OF COMMITTEE (In Full)  LAdigue Chamber Congressional Herion Congression				
NAN	TE OF ACCOUNT	/ Congression formal	1 DAM HEE		
L		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized		<del></del>		
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	(c) GOTV	g	i garan da an an an an an an Allega, an Allega, an Anna br>Anna an an an an Anna a		
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	(e) Total	the profession of the tribital	g Georgia o por lamental de militar de la mentantició de la media de la media de la media de la media de la media La media de la		
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6.	TOTAL DISBURSEMENTS	e Company of the company of the specific sub-	The transfer of the second of		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	and provide the section of the secti	and the second s		
8.	RECEIPTS	e 2007 - Maria M Ny INSEE dia mandritry ny taona ma	and the second s		
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10.	DISBURSEMENTS(From Life 6)		a de la comercia del comercia de la comercia del comercia de la comercia del la comercia de  la comercia de la		
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)	en terretario de la companya de la c En companya de la co	<ul> <li>Section 1 of the section plane of the section 1.</li> <li>Section 1 of the section 1.</li> </ul>		

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FEC Schedule L (Form 3X) Rev. 02/2003

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

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

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

SUBTOTAL of Receipts This Page (optional).....

Name of Employer or Principal Place of Business

Name of Employer or Principal Place of Business

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Amount of Each Receipt this Period

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Date of Receipt

Aggregate Year-to-Date

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Aggregate Year-to-Date

Date of Receipt

C.

D.

City

City

Occupation

Mailing Address

Occupation

Mailing Address

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedul for each category of the Aggregation Page	
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	nay not be sold or used by any address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Indiana Chamber Congress	ional Action Com	uirtee
Full Name (Last, First, Middle Initial) / Full Organization NA.  Mailing Address	lame	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization NB.  Mailing Address	ame	Date of Receipt
Chy	State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Occupation		1 2 7 7 7

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FEC Schedule L-A (Form 3X) Rev. 02/2003

State

State

Zip Code

Zip Code

SCHEDULE L-B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) — — —
OF LEVIN FUNDS	Aggregation Page	4a   4c   5
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NAME OF COMMITTEE (In Full)		
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Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
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