0030453584

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

2010 OCT 18 PM 12: 00 FEC MAIL CENTER

Office Use Only

١.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

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INDIANA CHAMBER CONGRESSIONAL ACTION										
<u>_</u>	OMN	11.TTEE								
AD	PRESS	(number and street)	115	W. W	ASHLI	VGTO	n istir	EET,	SUITE	8605
	tha	neck if different an previously ported. (ACC)	IND	LANA	POLIS			A N	44204	
2.	FEC II	DENTIFICATION NUM	øBER ▼		CITY ▲			STATE A	ZIP C	ODE A
	CC	040559	1		3. IS THIS REPORT		NEW (N) OR	AN (A)	MENDED	
4.	TYPE (Choose	OF REPORT e One)	(b) Mor Rep Due	- H 11	Feb 20 (M2)	iladi aren	May 20 (M5)	18-21 18-31	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Qu	uarterly Reparts:			Mar 20 (M3) Apr 20 (M4)	[]	Jun 20 (M6) Jul 20 (M7)	الطا .	(a.a. 1744)	(Non-Election Year Only)
		April 15 Quarterly Report (Q1)) <u> </u>	12-Day	Apr 20 (M4)	Primary (12	C ²	<u>lb ='1</u>	75	Runoff (12R)
	17-10	July 15 Quarterly Report (Q2))	PRE-Election Report for t	(- 1)	Convention	() =	Special (
	:250	October 15 Quarterly Report (Q3) January 31)		e-cys.11	TW-B-M-	/ [文文] /	2010	in the	
		Year-End Report (YE July 31 Mid-Year			Election on		0.2	2010	State	of IN
	3_3	Report (Non-election Year Only) (MY)	(d)	30-Day POST-Elect Report for t	¥	General (30	OG)	Runoff (3	30R)	Special (30S)
		Termination Report (TER)		·	Election on	MAN		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	in the	11
5.	Coverir	ng Period	ď	2.0	οίο	through		13	2010	1
CE	ertify that	t I have examined this				• • •		ie, correct and	d complete.	
Тур	e or Pri	nt Name of Treasurer	Do	arla	Darn	ett				
Sig	nature o	f Treasurer)arl	- B	anet	*		Pate 12]' [7 5]'	2010
1 0	TE: Subr	nission of false, erroneo	us, or inc	omplete infor	mation may si	ubject the pe	erson signing th	nis Report to the	ne penalties of 2	U.S.C. §437g.
	_	Office Use Only							FEC FO	

10030453585

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana	Chamber	Congres	ssional	Action	Committee

odb	. 6,656.74	L. 156.74
od	6.656.74	
والمسائمة المسائمة المسائمة		
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	L. 656.74	6.656.74
	Ø	
s) _ 3 /		31) Le, 656.74

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

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

DETAILED SUMMARY PAGE of Receipts

COLUMN A

Page 3

FEC Form 3X (Rev. 06/2004)

I. Receipts

Write or Type Committee Name

ction Committee Indiana Chamber

Report Covering the Period:

10030453586

From:

bi

To:

COLUMN B

	i. neceipts	Total This Period	Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)		500.00
	,,		
	(ii) Jnitemized	Ø	Ø
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		500.90
	Lines Trayin and infimimin		
	(b) Political Party Committees	Ø	0
	(c) Other Political Committees		
	(such as PACs)	Ø	
	(d) Total Contributions (add Linee		
	11(a)(iii), (b), and (c)) (Carry		Continuin of market and a second of the continuing of the continui
		Ø	500,00
40	Totals to Line 33, page 5) Transfers From Affiliated/Other		
12.		A	
	Party Committees	La contract of the state of the	
40	All Leave Deschard	a .	
13.	All Loans Received	<u></u>	
			والمراب والمسهد بهديه سيسهدا
14.	Loan Repayments Received	O	φ
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		Construction of the set of the se
	to Federal Candidates and Other	[] Mary Carlo Car	hadradeninal and a death of the
	Political Committees	0	Ø
17.	Other Federal Receipts		to many transfer and district the second of the second second second second second second second second second
	(Dividends, Interest, etc.)	\mathcal{O}	
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	harmon harmon and and and and	handsallenden fande selend in vise Hed
	(from Schedule H3)		() () () () () () () () () ()
	(b) Levin Funds (from Schedule H5)	Ø	A
	(b) Leviii i dida (iioiii conedale iio)		
	(c) Total Transfers (add 18(a) and 18(b))	d	
	(c) Total Transfers (add Total and Total)	Laran Y	lanaan a
19.	Total Receipts (add Lines 11(d),		the properties of the particular parameters for the first of the state
	12, 13, 14, 15, 16, 17, and 18(c))▶	Ø	500.00
	• • • •	handen Frank South South and Don't hand Don't hand	les also bes (Deschessland) and in the install
20.	Total Federal Receipts		المتعارف فالمتعارف ماريف المتعارف والمتعارف والمتعارف والمتعارف
	(subtract Line 18(c) from Line 19)▶	Ø	500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A	COLUMN B
21. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
Activity (from Schedule H4)		
. (i) Federal Share	Lander and the second	-
(ii) Alas Faderal Ohan	4	d
(ii) Non-Federal Share	······································	Lance P
(b) Other Federal Operating Expenditures		7
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))		$\boldsymbol{\beta}$
22. Transfers to Affiliated/Other Party		
Committeea		
23. Contributions to Federal Candidates/Committees		
and Other Political Committees		
24. Independent Expenditures		A.
(use Schedule E)25. Ceordinated Party Expenditures		1
(2 U.S.C. §441a(d)) (use Schedule F)	a	Ø
(use schedule F)		
26. Loan Repayments Made	Ø	Ø
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other		Manager of the second s
Than Political Committees		
(b) Political Party Committees		Lanara de la
(c) Other Political Committees	8	
(such as PACs)		Lanama Wil
(d) Total Contribution Refunds		Anadra Seria Mandena Erre de adende erre de la seria
(add Lines 28(a), (b), and (c))	>	-1 - x - 1 - x - 1 - x - 2
	Commission of marketing and an analysis and an analysis and an analysis and a second a second and a second and a second and a second and a second an	il
29. Other Disbursements		
20 Endored Floriton Activity /2 LLC C 84	24/2011	· · · · ·
 Federal Election Activity (2 U.S.C. §4: (a) Allocated Federal Election Activity 		
(from Schedule H6)	Hand of the continue of the co	And the second s
(i) Federal Share	! ! % i	Ø
.,		
(ii) "Levin" Share	Agent and principles of the state of the sta	
(b) Federal Election Activity Paid En		
With Federal Funds		
(c) Total Federal Election Activity (ac	F A 19	A STATE OF THE PROPERTY OF THE
Lines 30(a)(i), 30(a)(ii) and 30(b	"" Land of the state of the s	the continuation of Development Development to a Party
31. Total Disbursements (add Lines 21(c)	, 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(The state of the s	Ø
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)		
from Line 31)	b [

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111	. 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)		500.00
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))▶	Ø	
37.	Offsets to Operating Expenditures (fram Line 15, page 3)	Ø	Ø
38.	Nat Operating Expenditures (subtract Line 37 from Line 36)		0

S	CHEDULE A (FEC Form 3X)		Na annuale actualists	FOR LINE NUMBER: PAGE OF	
IT	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Suramary Page	(check only one)	
Δ.	ny information copied from such Reports and S	Statements m		13 14 15 16	17
	for commercial purposes, other than using the				
	NAME DF COMMITTEE (In Full)	_	•	C	
4	Indiana Chamber (ongics	ssional Action	Committee	
A.	Full Name (Last, First, Middle Initial)	J	• 	Date of Receipt	
	Mailing Address	·-	,		~
	City	State	Zip Code		
	FEC ID number of contributing			Amount of Each Receipt this Period	~ 5~ ¶
	federal political committee.	C	· · · · · · · · · · · · · · · · · · ·		
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-te-Date ▼		
	Primary General Other (specify) ▼		······································	•	
		<u> </u>			
В.	Full Name (Last, First, Middle Initial)			Date of Receipt	
	Mailing Address			M.M. V. LOND V. LALLANDA	v [
	City	State	Zip Code	<u> </u>	. <u> </u>
		عانديدات!		Amount of Each Receipt this Period	= ela==ell
	FEC ID number of contributing federal political committee.	C	<u>^</u>		il
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼	-	
	Primary General Other (specify) w				
		<u> </u>	<u> </u>		
C.	Full Name (Last, First, Middle Initial)			Date of Receipt	
	Mailing Address				V
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		Amount of Each Receipt this Period	
	federal political committee.	<u></u>	<u></u>		الحد
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼	1	
	Primary General Other (specify) ▼		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		l lenderelle		<u> </u>	
١	SUBTOTAL of Receipts This Page (optional)				

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

SCHEDULE B (FEC Form 3X)

TEMBER BIODURACIENTA	Use separate schedule(s)	FOR LINE (check only				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22	23	24 25	
Any information penied from such December and Chin		by any person	28a	28b	28c 29	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ne and address of any political	committee to	solicit conti	ributions fro	m such comm	oulions nitt ee
NAME OF COMMITTEE (In Full)						
/ Indiana Chamber (Full Name (Last, First, Middle Initial)	ongressiona	1 Act	ion (omn	nitice	
A.	.	·	Date of I	Disbursemer	nt	
Mailing Address			MAZAM	, <u> 0 , 0 </u>	/ 	7 ₹ Y
			الحصدنا	<u> </u>	يميد	r Sueri
City	State Zip Code					
Purpose of Disbursement	Ţ,	my-ry	Ama	of Each City	bursement thi	e Parior
Candidate Name		Category/	-		bursement thi	
Office Sought: House Disbursen		Туре	1			أياءة بك
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
В.		}		Disbursemer		
Mailing Address				, 0,10	/ TV-VVV	
City	State Zip Code					
Purpose of Disbursement	R ₂ =	المحالمين				
Candidate Name					bursement thi	
Candidate Hallie	ł	Category/ Type	l II			i
Office Sought: House Disbursen				, con desired to		-
	Primary ☐ General Other (specify) ▼	ļ				
State: District:						
Full Name (Last, First, Middle Initial) C.	·	ļ	Date of I	Disbursemer	nt	
Mailing Address			10-1-10m	/ 0 6 0	, [• · • · • · •	~~
Mailing Address						للبيدي
City	State Zip Code					
Purpose of Disbursement	I		 	. –		
Candidate Name Category/			1		bursement thi	
Office Sought		Type	<u> </u>			أع. وحدي
Office Sought: House Disbursen	nent For: Primary					
President State: District:	Other (specify)					
SUBTOTAL of Disbursements This Page (optional)				-0\- <u>-</u>		~~~~
TOTAL This Period (last page this live number only)	····					
<u> </u>						

SCHEDULE C (FEC Form 3X) **LOANS**

Use separate schedule(s) for each category of the

OF PAGE

	Detailed Summary Page FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Full)					
Indiana Chamber Congression LOAN SOURCE Full Name (Last, First, Middle Initial)	nal Action Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
	Primary				
	General				
Mailing Address	Other (specify)				
City State ZIP Cod	e				
Original Amount of Loan Cumulative Payment To I					
TERMS Date Incurred Date Due	Interest Rate Secured:				
Mary / Leaged / Lasas Lasas / Leaged / Lasas /)				
	% (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount programme and the second				
City State ZIP Code	Guaranteed				
	Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
7/D 02-de	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
Induing Address	Сообраноп				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
	Outstanding:				
	F				
SUBTOTALS This Period This Page (optional)	ILIPTOTAL & This Period This Pere (antional)				
CODITOTALO TINO I CITO TINO I AGO (OPRIORIA)					
TOTALS This Period (last page in this line only)	OTALS 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.					

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		Page or Schedule C	
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
Indiana Chamber			
	on Committee	C	004.05594
LENDING INSTITUTION (LENDER)			Interest Date (ADD)
Full Name	Amount of Loan		Interest Rate (APR)
			L
		الصحصيات	
Mailing Address		[MA.M.]	\ \[\bar{\alpha} \ \alpha \alp
	Date Incurred or Established		
		MM-	\ \ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>
City State Zip Code	Date Due	<u>L</u>]	
			/ (15 45) (TOY Y 17)
A. Has loan been restructured? No Yes	If yes, date originally incurre		, 600 , 404.414
B. If line of credit,	Total		
Amount of this Draw	Outstanding	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Amount of this Draw:	Balance:	lan Ann And	الله والمراجع المستحد
C. Are other parties secondarily liable for the debt incu	urred?		
No Yes (Endorsers and guarantors	must be reported on Schedule C.)	
D. Are any of the following pledged as collateral for th			value of this collateral?
property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or other stocks.			الدكاء من مسلمت استواست المستواست
l — — —	El Millia Hadildidi Colleteld:	توحدت عطأ	<u> </u>
No Yes If yes, specify:		Does the le	nder have a perfected security
		interest in it	
E. Are any future contributions or future receipts of interest of interest and inte	erest income, pledged as	What is the	estimated value?
collateral for the loan? No Yes If yes	, specify:	[
· · · · · · · · · · · · · · · · · · ·			
	Location of account:	<u> </u>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Education of account.		
Date account established:	Address:		"
Date account established.			_
	City, State, Zip:		
F. If neither of the types of collateral described above	was pledged for this loan, or if the	amount pled	ged does not equal or exceed
the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER		DATE	
Typed Name			/ [676] / [477]
Signature			
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		mation regard	ing the extension of the loan
are accurate as stated above.		•	
 The loan was made on terms and conditions similar extensions of credit to other borrowers 		avorable at the	e time than those imposed for
III. This institution is aware of the requirement that	at a loan must be made on a bas	is which assu	res repayment, and has
complied with the requirements set forth at 11	CFR 100.82 and 100.142 in make	ing this loan.	· · · · · · · · · · · · · · · · · · ·
AUTHORIZED REPRESENTATIVE Typed Name		DATE	
	Title		1 DAG 1 LAND A A
	,	أسما	

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)

		unibered line) 10
NAME OF COMMITTEE (In Full)		
	onarcssional Actio	
. A. Full Name (Last, First, Middle Initial) of Do	ebtor of Creditor	Nature of Debt (Purpose):
	· · · · · · · · · · · · · · · · · · ·	
Mailing Address		·
City State	Zip Code	7
Outstanding Balance Beginning This Period		
Catalana Salano Sogning Tilo 1 Gross		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A TOTAL TOTA		
		d Lucenta de la
B. Full Name (Last, First, Middle Initial) of De	btor 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 De	ebtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
	•	
Outstanding Balance Beginning This Period	1	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optiona	l)	
2) TOTALS This Period (last page this line num	noer only)	
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page only)	
4) ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last page only)	

SCHEDULE E (FEC Form 3X)	·
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Action	000405591
Check if 24-hour notice 48-hour notice Committee	
Full Name (Last, First, Middle !nitial) of Payee	Date
	(LA. A. A. A. A. (Lang) / (Lunnum)
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
·	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	العميد ، العمقا ، نعمد، منها ا
Mailing Address	
	Amount
City State Zip Code	In the standard of the standar
Purpose of Expenditure	Office Sought: House State:
Purpose of Expenditure Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(-,	
(b) SUBTOTAL of Unitemized Independent Expenditures	• •
(-,	Limited States of the States o
(c) TOTAL Independent Expenditures	The state of the s
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Date	M · W / O · O / V · V · V
Signature	Communication of the Communica

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))

PAGE		OI	F	
FOR LINE	25	OF	FORM :	3X

(To be us	ed only by Political Committees in the G	ieneral Election) FOR LINE 25 OF FORM 3X				
IAME OF COMMITTEE (In Full)						
ndiana Chambo Congressional Action Committee						
las your committee been designated to make	Full Name of Subordinate Committ	tee				
coordinated expenditures by a political party community YES NO	mittee?					
YES, name the designating committee:	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	, 3					
	City	State ZIP Code				
Full Name (Last, First, Middle Initial) of Each	Payee	Purpose of Expenditure				
	•	Category/				
Mailing Address		Type Date				
City	State Zip Code	[MAN] / [BAB] / [AAA : 424]				
Name of Federal Candidate Supported Offic	ce Sought: House State:	Amount				
	Senate District:	— 				
Aggregate General Election	1					
Europeditura for this Condidate A						
Full Name (Last, First, Middle Initial) of Each	Payee	Purpose of Expenditure				
}						
Mailing Address		Category/				
Walling / Coross		Date				
City	State Zip Code	M.M. \ (0.0) \ [4/4.4.4.4.				
Name of Federal Candidate Supported Office	ce Sought: House State:	Amount				
	Senate District:	—				
Assessed Standard Florida	Fresidential					
Aggregate General Election Expenditure for this Candidate						
Full Name (Last, First, Middle Initial) of Each	Payee	Purpose of Expenditure				
As the state of th		Category/				
Mailing Address		Date				
City	State Zip Code	LACATIVE A LACATIVE A CALL				
Name of Federal Candidate Supported Offic	ce Sought: House State:	— Amount				
	Senate District:	- Karananananananananananan				
	Presidential					
Aggregate General Election Expenditure for this Candidate						
<u> </u>						
SUBTOTAL of Expenditures This Page (optional))					
TOTAL This Period (last page this line number of	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)			
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 $lackbreak$ 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 R	ATIOS		

PAGE OF	
---------	--

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

PAGE	OF			
FOR LINE	18a OF	FORM	3X	

nd		navessional Action	ommittee
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BRE	AKDOWN OF TRANSFER RECEIVED		[
1)	Total Administrative		
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11)	Generic Voter Drive		
į			
(11)	Exempt Activities		
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)	
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	a)		
	hì		!
	b)		
	c) Total Amount Transferred For Direct Fundra		
1.			
V)	Direct Candidate Support (List Activity or Eve	ent Identifier)	
	a)		
İ	a)		;
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İ	c) Total Amount Transferred For Direct Candid	ate Support	<u> </u>
l			
vi)	Public Communications Referring Only to F	Party (Made by PAC)	
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVED	
		[
TOTAL	This Period (Administrative)	<u> </u>	
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TOTAL	This Period (Exempt Activities)		
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SCHEDULE H4 (FEC Form 3X)

	SBURSEMENTS FOR ALLOCA				PAGE OF
	DERAL/NONFEDERAL ACTIVI	1 Y			FOR LINE 21a OF FORM 3X
NA 1.	ME OF COMMITTEE (In Full)		!	Action	Committee
τ	rcliana Chamber Con Full Name (Last, First, Middle Initial)	xkc22	Lional	ACHUI	Allocated Activity or Event:
٠.	ruii Name (Last, First, Middle Initial)	J			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:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				- · · -	
3 .	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
				,	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			=======	
	Activity or Event Identifier:			Cotococi	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL		TOTAL AMOUNT
		ĺ	- <u>-</u>		
.	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:	······································		Paratherani	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		 		
	Totality of Evolutionalists			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This	s Page		
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
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T	OTAL This Period (last page for each line only)(FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
		ll			
		Comment of the contract of the			

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Local		PAGE OF
NAME OF COMMITTEE (In Full)		FOR LINE 18b OF FORM 3X
	La cominant Action	- Granville
Indiana Chamber (0) NAME OF ACCOUNT	DADE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT	Man Lood , Andraid	TOTAL AMOUNT THANSPERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTR	
Total Amount Transferred for Voter	1	, , , , , , , , , , , , , , , , , , ,
III Mater ID		OTER ID
ii) Voter ID Total Amount Transferred for Voter	ID	
	the manufacture of the control of th	GOTV
III) GOTV Total Amount Transferred for GOTV	;; -	a many and a cape and a may may are the one
Total Amount Transierred for GOTV	<u> </u>	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gener	ic Campaign Activity	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER	<u> </u>	
i) Voter Registration	VOTER REGISTR	
Total Amount Transferred for Voter	Registration	<u> </u>
	mil. A "with mid Salar Stance", are di	OTER ID
ii) Voter ID Total Amount Transferred for Voter	13	المسائر عنا مع المسائر
Total Amount Transferred to Voter	Land and the same	GOTV
III) GOTV		
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity	ر =	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gener	ric Campaign Activity	<u></u>
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TOTAL This Period (Voter ID)	(——————————————————————————————————————
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TOTAL This Period (GOTV)		
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TOTAL This Period (Generic Campaign Ad	xtivity)	
	tra	ر الارور عارض من المناسطان المناطلية المناطلي
TOTAL This Period (Total Amount of Trans	sfers 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	
FOR LIN	E 30a OF FORM	3)

NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)			
Indiana Chamber Congressional Action of	ommittee			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
The state (along those minus), y and organization state	Voter Registration GOTV			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code	(LA. A. A. A. A. A. A. A. (Lea ag) \ (La A. ag)			
Purpose of Disbursement Category/ Type	Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
John Carrier (Carrier) and annually a series of games and games and games an	Voter Registration GOTV			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
	from the second			
City State Zip Code				
Purpose of Disbursement Category/ Type	Date D / VVVVV			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
Control of the contro	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 MUM / DUD / YUV VUY			
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Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT			
Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)					
Indiana Chamber Congressional Action Committee					
NAM	E OF ACCOUNT	3	1		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS		The state of the s		
	(a) Itemized(Use Schedule L-A)		had and a standard back and a standard back		
	(b) Unitemized				
	(c) Total				
2.	OTHER RECEIPTS		Variable Var		
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3.	TOTAL RECEIPTS				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration	 	از از از برین برهنگیمید کرده به میگویید گردید کرد. از این برین برین برهنگیمید کردید		
	· · · · · · · · · · · · · · · · · · ·	the state of the s			
	(b) Voter ID				
	(c) GOTV				
	(d) Generic Campaign				
	(e) Total	<u> </u>			
_	OTHER RICHIDSEMENTS				
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)				
0	RECEIPTS		 		
8.	(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
	·				
10.	DISBURSEMENTS(From Line 6)		<u> </u>		
11.	ENDING CASH ON HAND				
	(Subtract Line 10 From Line 9)	المحملسكسة معالم الكمساء وعاصرات والمساوريا			

SCHEDULE L-A (FEC Form 3X)

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

FOF LINE NUMBER: (check only one)

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OF

PAGE

ITEMIZED RECEIPTS OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Action (onn Full Name (Last, First, Middle Initial) / Full Organization Name MW ם ילים Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date a haydaafaafaafaafaafaafaa iya (cee Occupation Canadana Caralla alla della Caralla della Caralla Caralla della Caralla della Caralla della Caralla della Cara Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. M-1-M D 7 D Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. 1 CO TO DO Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Manufacture and and and and a transfer Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)......

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
FOR LINE NUMBER:		
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OF LEVIN PUNDS	Aggregation rage	4b
Any information copied from such Reports and Statements may r or for commercial purposes, other than using the name and address.		
NAME OF COMMITTEE (In Full) Indiana Chamber Compression	<u> </u>	
Full Name (Last, First, Middle Initial) / Full Organization Name A.	,	Date of Disbursement
Mailing Address		MUM (000 / V000 V
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement
Mailing Address		Mam (God) (Mary)
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name D		Date of Disbursement
Mailing Address		MAN, LOTO, LATANA
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name)	Date of Disbursement
Mailing Address		M2M) \ [12 0] \ [12 0] \ [13 0]
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)		

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): FEL EXP **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/18/10 DATE PREPARED