



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		11,656.90
(b) Cash on Hand at Beginning of Reporting Period.....	11,636.90	
(c) Total Receipts (from Line 19) .....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	0	20.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11,636.90	11,636.90
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> 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  
1050 First Street, N.E.  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y 06 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

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	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	20.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(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	20.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	20.00

2016 RELEASE UNDER E.O. 13526



**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 1 OF 1
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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**

**A.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

<b>A.</b>			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City		State	Zip Code		
Purpose of Disbursement			FEC Identification Number		
Candidate Name			C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			Amount of Each Disbursement this Period		
			Memo Item <input type="checkbox"/>		

<b>B.</b>			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City		State	Zip Code		
Purpose of Disbursement			FEC Identification Number		
Candidate Name			C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			Amount of Each Disbursement this Period		
			Memo Item <input type="checkbox"/>		

<b>C.</b>			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City		State	Zip Code		
Purpose of Disbursement			FEC Identification Number		
Candidate Name			C		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			Amount of Each Disbursement this Period		
			Memo Item <input type="checkbox"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶					
<b>TOTAL</b> 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 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M M /

D D D /

Y Y Y Y Y Y

M M M /

D D D /

Y Y Y Y Y Y

% (apr)

Yes  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.



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

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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 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 _____	DATE _____
Title _____	

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**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**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>Indiana Chamber Congressional Action Committee</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
City		State	ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> Category/Type
Mailing Address					Date MM / DD / YYYY
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House	State:		
		Senate	District:		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					Amount <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div>
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> Category/Type
Mailing Address					Date MM / DD / YYYY
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House	State:		
		Senate	District:		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					Amount <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div>
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> Category/Type
Mailing Address					Date MM / DD / YYYY
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House	State:		
		Senate	District:		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					Amount <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div>
<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶					<div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div>
<b>TOTAL</b> This Period (last page this line number only).....▶					<div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div>

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Indicate ratio below

Federal.....  %  
Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

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  _____ 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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
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	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

2025 RELEASE UNDER E.O. 14176



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

**A. Full Name (Last, First, Middle Initial)**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

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(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT





**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)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement			Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement			Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Purpose of Disbursement			Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>					
FEDERAL SHARE			LEVIN SHARE		= TOTAL AMOUNT
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
<b>TOTAL This Period for the Levin Share</b>					
			<input type="checkbox"/>		

2016 RELEASE UNDER E.O. 13526

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

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

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	[ ]	[ ]
(b) Unitemized .....	[ ]	[ ]
(c) Total .....	[ ]	[ ]
2. OTHER RECEIPTS .....	[ ]	[ ]
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	[ ]	[ ]
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	[ ]	[ ]
(b) Voter ID .....	[ ]	[ ]
(c) GOTV .....	[ ]	[ ]
(d) Generic Campaign .....	[ ]	[ ]
(e) Total .....	[ ]	[ ]
5. OTHER DISBURSEMENTS .....	[ ]	[ ]
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	[ ]	[ ]
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	[ ]	[ ]
8. RECEIPTS ..... (from Line 3)	[ ]	[ ]
9. SUBTOTAL ..... (Add Lines 7 and 8)	[ ]	[ ]
10. DISBURSEMENTS ..... (From Line 6)	[ ]	[ ]
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	[ ]	[ ]

2016 RELEASE UNDER E.O. 13526

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

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

FOR LINE NUMBER:  
(check only one)  1a  2

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 of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

9999.99

Aggregate Year-to-Date

9999.99

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

9999.99

Aggregate Year-to-Date

9999.99

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

9999.99

Aggregate Year-to-Date

9999.99

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

9999.99

Aggregate Year-to-Date

9999.99

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

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

9999.99

9999.99

**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 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

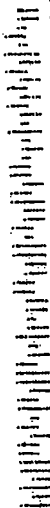
**SUBTOTAL** of Disbursements This Page (optional).....▶

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

20160510 10:01 AM

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CHAMBER**  
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Washington St. | Suite 850S | Indianapolis, IN 46204



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



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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	<i>10/16/20</i> DATE PREPARED
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