2020 - 10 - 19 - 08 - 00KNF676

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 OCT 15 PM 2: 56

Office Use Only

1. NAME (COMMI	OF TTEE (in full)	TYPE OR	PRINT V		mple: If ty r the lines.	ping, type	12FE4M	[5		
LINDIAN	A _, CHAMBER	GONGF	RESSION	AL ACTIC	ү сом	MITTEE			11	
ــــــــــــــــــــــــــــــــــــــ						<u> </u>	1 1 1 1			
ADDRESS (i	number and street)	[1 <mark>,15</mark> V	YEST WA	SHINGT	DŅ ŞT _R	FĘT, SUIT	Έ 850S,			لبب
tha	eck if different n previously orted. (ACC)	L INDI/	ANAPOLI	S			LIN	L 46204 ₁	<u> </u>	
2. FEC ID	ENTIFICATION N	UMBER ▼	, 	CITY ▲		-	STATE A	ZIP	CODE	A
C 00	0405597			3. IS THIS REPORT		NEW (N) OR	Al (A	MENDED)		
(Choose			nthly port e On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8) 20 (M9)	(Nor Year De	v 20 (M11) n-Election or Only)
(a) Qua	arterly Reports: April 15 Quarterly Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	<u> </u> -	20 (M10)	Year Jar	n-Election or Only) n 31 (YE)
	July 15 Quarterly Report (October 15		12-Day PRE-Election Report for		Primary (1 Convention	<u>.</u>	General Special	l	Rur	noff (12R)
	Quarterly Report (January 31 Year-End Report (July 31 Mid-Year	YE)		Election on	м м	/ 0 0 /	* * * * *	2	the ate of	
	Report (Non-electi Year Only) (MY)		30-Day POST-Elect Report for the		General (3	0G)	Runoff (30R)	Spe	ecial (30S)
	Termination Repor (TER)			Election on	M M	/ Ö • Ö /	Y . Y . Y . Y	1	the ate of	
5. Coverino	g Period 0	4 [™] ′ 0°1	⁶ / 20	20 [°]	through	^M 06	′ 30°	2020 °		
	I have examined to the transmit Name of Treasure	{	and to the bo	est of my kno Brantle		d belief it is tru	ue, correct an	d complete.		
Signature of	Treasurer	JM	Pra	T			Date / L	09	ر کے ا	ð 2 Ď
T	ission of false, error	neous, or inc	complete infor	mation may su	ubject the p	erson signing the	nis Report to t	he penalties o	f 52 U.S	.C. § 30109
ı lu	fice lse							FEC F	ORM 05/2016	3X

NONO: 10: 10: OM: COMMANGNY

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		raye Z
Report Covering the Period: From:	04 d d d d d d d d d d d d d d d d d d d	o: 06 / 30 / 2020 /
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		<u>,</u> 1 <u>1</u> 1,656,90
(b) Cash on Hand at Beginning of Reporting Period	"11,636.90 <u></u>	
(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)		gy gy gy
7. Total Disbursements (from Line 31)	, O	20.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11,636.90	11,636.90
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, O	·
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
This committee has qualified as a mul	ticandidate 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

2020-10-10-0M-00MMMGZ&

DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Re	eport Covering the Period: From: 04	01 2020 To:	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
	(i) Remized (use deficuate A)	27. 47. 47. 47.	
	(ii) Unitemized	0	0
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	U	472 473 U
	(b) Political Party Committees	0	0
	(c) Other Political Committees	212 A-2 6	
	(such as PACs)	0	0
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
10	Totals to Line 33, page 5)	0	<i>a b c c c c c c c c c c</i>
12.	Transfers From Affiliated/Other Party Committees	0	0
	rary committees	73. 4. 73. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	49. 49. 47. 47.
13.	All Loans Received	0	0
	linear transfer of the second		
14.	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures		The state of the s
	(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	47. 47. 45.	4 22 4 23 4 53
	(Dividends, Interest, etc.)	0	0
18.	Transfers from Non-Federal and Levin Funds	43 A3	73 73
	(a) Non-Federal Account		
	(from Schedule H3)	0	0
	_	• • • • • • • •	
	(b) Levin Funds (from Schedule H5)	0	457 435 425 427 U
	(c) Total Transfers (add 18(a) and 18(b))		
	(c) Total Transfers (add Tota) and Total)	7 J	473 433 AVA
40	Table Describe Addition (AA)		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	7)	0
20.	Total Federal Receipts		
- •	(subtract Line 18(c) from Line 19)▶	0	0
		<u> </u>	

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 **COLUMN A** COLUMN B . II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating 20.00 Expenditures (c) Total Operating Expenditures 20.00 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 26. Loan Repayments Made..... Loans Made.....

 Refunds of Contributions To:
 (a) Individuals/Persons Other 28. (a) Than Political Committees (b) Political Party Committees Other Political Committees (c) (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 20,00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

20.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 III. Net Contributions/ **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 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

SCHEDULE A (FEC Form 3X)	Lies congrete schodule(s)	FOR LINE NUMBER: PAGE 1 OF 1
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Acti	on Committee	
Full Name of Individual (Last, First, Middle Initial) or Full Office A. Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Office Address City State FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occur	zip Code Zip Code upation (for Individual) Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period Memo Item Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼	
Receipt For: Primary General Aggregate	zip Code Zip Code upation (for Individual) Year-to-Date ▼	Amount of Each Receipt this Period Memo Item
Other (specify)	2 1 2 1 2 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)

SOURCE D (LECTOINI 3X)	FOR LINE			NUMBER:	PAGE 1 OF 1	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	′		
ł	Detailed Sum	mary Page	21b 28a	22 23 28c 28c	26 27 29 30b	
Any information copied from such Reports and Statem	ents may not b	e sold or used				
or for commercial purposes, other than using the name	e and address	of any political	committee to	solicit contributions fro	m such committee.	
NAME OF COMMITTEE (In Full)						
Indiana Chamber Congressional	Action Co	mmittee			•	
Full Name (Last, First, Middle Initial)			-		, - ; .	
٦.				Date of Disbursemen	it	
Mailing Address				M M / D D	/ Y-1-Y-1-Y-1-Y-1-Y-1-Y-1-Y-1-Y-1-Y-1-Y-1	
City	State Zip	Code		FEC Identification No	ımber	
Purpose of Disbursement		-		С		
Candidate Name		∣L				
Candidate Name			Category/ Type	Amount of Each Disi	oursement this Period	
Office Sought: House Disbursen	nent For:	<u>_</u>	.,,,,,		413	
	Primary	General				
State: District:	Other (specify)	▼		Memo Item		
Full Name (Last, First, Middle Initial)		-				
3.				Date of Disbursemen	nt	
Mailing Address				لحصا لحصا		
City	State Zip	Code		FEC Identification No	ımber	
Purpose of Disbursement						
Turpose of Disbursement				C		
Candidate Name	Category/			Amount of Each Disl	oursement this Period	
0			Туре			
Office Sought: House Disbursem	nent For: Primary	General			-473A473A	
	Other (specify)]		Mama Ham		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial)				Data of Dishamasana		
<i>.</i>				Date of Disbursemer	,	
Mailing Address						
City	state Zip	Code				
City	idle Zip	Code		FEC Identification Nu	ımber	
Purpose of Disbursement		Г				
Candidate Name		L	السب			
Candidate Hamo		,	Category/ Type	Amount of Each Disi	oursement this Period	
Office Sought: House Disbursem	nent For:			4 - 4 - 4 - 4 - 4	492	
	Primary Other (specify)	General				
State: District:	Other (specify)	•	ı	Memo Item		
SUBTOTAL of Disbursements This Page (optional)				1 _1 543	492 1 492 1	
	 -					
TOTAL This Period (last page this line number only).	·····		······			

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

PAGE OF Use separate schedule(s) for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Election: LOAN SOURCE Full Name (Last, First, Middle Initial) Primary General Mailing Address Other (specify) ▼ City ZIP Code State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period **TERMS** Interest Rate Secured: Date Incurred Date Due Yes % (apr) 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: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code State City 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 0

Federal Election Commission, Washing	gton, D.C. 20463		Page 1 of Schedule C
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Indiana Cham	nber Congressio	nal Action Committee	C
LENDING INSTITUTION (LENDER)	-	Amount of Loan	Interest Rate (APR)
Full Name		Amount of Loan	interest riate (Al Ti)
			-43 h
Mailing Address			Mam / Dab / Yavaya
		Date Incurred or Established	
City	State Zip Code		
5,	-,	Date Due	
A. Has loan been restructured?	No Yes	If yes, date originally incurre	ed Mam / Dab / Yayayay
B. If line of credit,		Total	
		Outstanding	
Amount of this Draw:		Balance:	72 4 72
C. Are other parties secondarily I		urred? must be reported on Schedule C.	
		·	
 D. Are any of the following pledg property, goods, negotiable ins 			What is the value of this collateral?
		her similar traditional collateral?	
	specify:		75 4 77 4
	Specify.		Does the lender have a perfected security
			interest in it? No Yes
E. Are any future contributions or	r future receipts of int	erest income, pledged as	What is the estimated value?
collateral for the loan?		s, specify:	vitat is the estimated value:
			43 43
A depository account must be to 11 CFR 100.82(e)(2) and 1		Location of account:	
Date account establish	ned:	Address:	
M = M / D = D /	Y B Y B Y B Y		
		City, State, Zip:	
F. If neither of the types of collate the loan amount, state the bas	eral described above sis upon which this lo	was pledged for this loan, or if the an was made and the basis on w	e amount pledged does not equal or exceed hich it assures repayment.
G. COMMITTEE TREASURER	-		DATE
Typed Name			
Signature	<u> </u>		
H. Attach a signed copy of the I	loan agreement.		
I. TO BE SIGNED BY THE LEN		:	
	ution's knowledge, the		mation regarding the extension of the loan
II. The loan was made on t	terms and conditions	(including interest rate) no more f	avorable at the time than those imposed for
		of comparable credit worthiness.	in which accuracy consument and has
		at a loan must be made on a bas CFR 100.82 and 100.142 in mak	is which assures repayment, and has into this loan.
AUTHORIZED REPRESENTATIVE		mid room in mar	DATE
Typed Name			
Signature		Title	╌┤▗╏┉╶┈╏╯╏╯╶╵┇╯╏╵╏╵╺╵╺╵╸╸┋╎
	j		

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

E

(Use separate

PAGE 1 OF

EBTS AND OBLIGATIONS cluding Loans			for e	each ed line)	(check only one)	9
AME OF COMMITTEE (In Full) Indiana Chamber Congres	sional Acti	on Committee			÷.	
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		N	ature of D	ebt (Purpose):	_
<u> </u>						
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Pay	rment This Period		Outstandir	ng Balance at Close o	of This Period
7	₩	A 533 A 4.5			5)3 A 4 5)3 A	Ç15
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		. N	ature of D	ebt (Purpose):	
Mailing Address	•					
City	State	Zip Code	_			
Outstanding Balance Beginning This Period Amount Incurred This Period		rment This Period		Outstandir	ng Balance at Close o	of This Period
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		. N	ature of D	ebt (Purpose):	
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period			I.,			
Amount Incurred This Period	Pay	ment This Period		Outstandir	ng Balance at Close o	of This Period
) SUBTOTALS This Period This Page (optional)			>		2) 7)	
P) TOTALS This Period (last page this line number	r only)		>		49: 49:	413
TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	▶			
) ADD 2) and 3) and carry forward to appropriate	line of Summa	ıry Page (last page o	only) ▶	L	5)3 8 8 93	

SCHEDULE E (FEC Form 3X)	_			
ITEMIZED INDEPENDENT EXPENDITURES	S			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·		FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Ac	tion Comm	ittee		C
Check if 24-hour report 48-hour report	New re	eport Amends repo	rt filed	on May / Dab / Yayayay
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	7in Code		
City	State	Zip Code		
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
		Туре		لـــا لــا
Name of Federal Candidate:		Support	Office	e Sought: House District:
		U Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought			DISDU	rsement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	item	Date of Public Distribution/Dissemination
				M = M / D = D / Y = Y = Y
Mailing Address				Amount
City	State	Zip Code		Anount
City	State	Zip Code		
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
		Туре		لحصا لصا لحصا
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	/		Disbu	rsement For: Primary General Other (specify) ▶
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	9S		•	
_				
(a) SUBTOTAL of Unitemized Independent Expendit	iures		•	
(a) TOTAL Independent Expenditures	•••••		•	
		<u> </u>	<u> </u>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candion party committee) any political party committee or it	date or authorize	es reported herein were ed committee or agent o	not ma	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
			W.	M / O O / Y Y Y Y Y
Signature		Date	L	لـــا لــا

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

1 ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE **PAGE** OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: City ZIP Code State ☐ Memo Item Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure ☐ Memo Item Category/ Mailing Address Type Date State City Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

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

PAGE	1	OF	1
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	· · · · · · · · · · · · · · · · · · ·					
NAME OF COMMITTEE (In Full) Indiana Chamber Congression	onal Action Committ	ee				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT					
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 accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- that refer to both				
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %				
New Revised Same as Previously Reported						
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
1	1	,				

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

PAGE	=	1	С	F	1	
-00			10-	<u> </u>	FORM	٥,

	·				1 0 1 1	
AME (OF COMMITTEE (In Full) Indiana Chamber Congress	sional Action (Cómmittee			
		· · · · · · · · · · · · · · · · · · ·		_		
NAM	E OF ACCOUNT	DATE OF RECEI	PT	тоти	AL AMOUNT TRA	NSFERRED
		M M / D) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	, , , , ,	
					-77177	
BRE	AKDOWN OF TRANSFER RECEIVED					
l i)	Total Administrative		••••	L <u></u>	-572	
li)	Generic Voter Drive					
}					-,-,-,-	 ,
iii)	Exempt Activities				- 57	
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)				
	a)	4 49	4 512 4 4 522			
1						
	b)					
					· · · · · · · · · · · · · · · · · · ·] ,
	c) Total Amount Transferred For Direct Fundra	aising		<u>L</u>	7)}	
v)	Direct Candidate Support (List Activity or Ev	ent Identifier)				
	a)	413	<u> </u>			
			T T T T			
	b)		<u>, , , , , , , , , , , , , , , , , , , </u>			
	•			1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	c) Total Amount Transferred For Direct Candid	late Support			₩ ₩	49
1		·				
vi)	Public Communications Referring Only to	Party (Made by PA	O)		Transfer of the second	
	TOTALS FO	R BREAKDOWN C	F TRANSFER REC	EIVED		
				, , , , , , , , , , , , , , , , , , , 	• • •	
TOTAL	This Period (Administrative)			<u> </u>	4.3	
TOTAL	This Period (Constit Voter Drive)					•
IOIAL	This Period (Generic Voter Drive)	•••••		-73		
TOTAL	This Period (Exempt Activities)			· · · · · · · · · · · · · · · · ·		
IOIAL	This I clied (Exempt Activities)					
ΙΔΤΩΤ	This Period (Direct Fundraising)	,				
	The content of the co		-			
TOTAL	This Period (Direct Candidate Support)					
			-			
TOTAL	This Period (Public Communications Referring	Only to Party)				
	_			<u></u>		
TOTAL	This Period (Total Amount Transferred)				<u> </u>	
	• •					

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCAT

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
FOR L	NE	21a OF	FORM	зх

N/	AME OF COMMITTEE (In Full)				FOR LINE 21a OF FORM 32
, ,,	Indiana Chamber Cong	ressiona	al Action Co	mmittee	
۸.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:			
				ř -	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:		l	<u> </u>	Allocated Activity or Event Year-To-Date
	ruipose of Dispuisement.				
	Activity or Event Identifier:			لسسا	3 3
			·	Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
			45		
—- В.	Full Name (Last, First, Middle Initial)		7	☐ Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:		Category/		
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
] [
			77 75		
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address		····		Administrative Fundraising Exempt
		To:	- I 		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
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	PEDENAL SHARE	1	NONFEDERAL	. SHARE	= TOTAL AMOUNT
	3)3				-72
CI	IRTOTAL of Allegated Endorel and NonEndore	L Activity Th	in Done		
31	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+	is Page NONFEDERAL	SHARE	= TOTAL AMOUNT
			" • • • •	1 V V	1
т/	OTAL This Period (last page for each line only)	(Endoral ab	are to 21/a\/i\ a=	d NonEodoral sha	27 to 21(2)(ii))
10	FEDERAL SHARE	(reuerai SN	are to 21(a)(i) and NONFEDERAL		are to 21(a)(II)) TOTAL AMOUNT
				Y - Y - Y	1
		 			<u> </u>

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

	committees only)	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Congressiona	Action Committee	
NAME OF ACCOUNT DATE OF	F RECEIPT	TOTAL AMOUNT TRANSFERRED
i) Voter Registration Total Amount Transferred for Voter Registrat ii) Voter ID Total Amount Transferred for Voter ID iii) GOTV Total Amount Transferred for GOTV	VOTE	1 52 1
NAME OF ACCOUNT DATE OF M.F.M.	OF RECEIPT	TOTAL AMOUNT TRANSFERRED
i) Voter Registration Total Amount Transferred for Voter Registration ii) Voter ID Total Amount Transferred for Voter ID	VOTE	
iv) Generic Campaign Activity Total Amount Transferred for Generic Camp		GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOW	N OF TRANSFER RECEIVED (Last	Page Only)
TOTAL This Period (Voter Registration)		wer a
TOTAL This Period (Voter ID)		<u></u>
TOTAL This Period (GOTV)		292
TOTAL This Period (Generic Campaign Activity)		433
TOTAL This Period (Total Amount of Transfers Rec	eived)	77. 1 27. 1 27. 1

PAGE 1 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 Committees Only)

PAGE '	1 OF	1
FOR LINE	30a OF	FORM 3X

Indiana Chamber Congressional Action Committee A. Full Name (Last, First, Middle Initial) / Full Organization Name	of ootherses " = "				
A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Type of Allocated Activity or Event GOTV Voter 10	AME OF COMMITTEE (In Full) India	na Chamber C	Congressional	Action Commi	ittee
City State Zip Code Date TOTAL AMOUNT					Type of Allocated Activity or Event: Voter Registration GOTV
Purpose of Disbursement FEDERAL SHARE	Mailing Address	.		· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date
FEDERAL SHARE	City	State	Zip Code	لببا	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Purpose of Disbursement	l			Date Date
Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date	FEDERAL SHA	ARE +	LEVIN		≐ TOTAL AMOUNT
Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date	222 4 222		73. 1		Type of Allocated Activity or Event:
City Purpose of Disbursement FEDERAL SHARE LEVIN SHARE FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Category/ Type FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(ii) and Levin share to 30(a)(iii)) FEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	B. Full Name (Last, First, Mic	ddle Initial) / Full Org	anization Name	∐ Memo Item	Voter Registration GOTV
Purpose of Disbursement Category/ Type Date TOTAL AMOUNT	Mailing Address				Allocated Activity or Event Year-To-Date
FEDERAL SHARE	City	State	Zip Code		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item	Purpose of Disbursement		1		Date Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE HEVIN SHARE LEVIN SHARE LEVIN SHARE TOTAL AMOUNT TOTAL AMOUNT FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT	FEDERAL SHA	ARE +	LEVIN	SHARE	= 'TOTAL AMOUNT
Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE HEVIN SHARE LEVIN SHARE FEDERAL SHARE FEDERAL SHARE LEVIN SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE	- 		<u> </u>	<u>, </u>	
Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(ii) and Levin share to 30(a)(iii)) FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE TOTAL AMOUNT	C. Full Name (Last, First, Mic	ddle Initial) / Full Org	anization Name	☐ Memo Item	Voter Registration GOTV
Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE	Mailing Address				Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/ Type	City	State	Zip Code		7)
UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE TOTAL AMOUNT	Purpose of Disbursement		,	Category/ Type	
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE	FEDERAL SH	ARE +	LEVIN	SHARE	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE	7			77	
FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE 75. 75. 75. 75. 75.	· ·		=	SHARE	= TOTAL AMOUNT
FEDERAL SHARE TOTAL AMOUNT LEVIN SHARE 75. 75. 75. 75. 75.	77: 4.27:		4 4 23	7)	5);
			eral share to 30(a)(i) and Levin share to	
OTAL This Period for the Levin Share	-75-		LEVIN	SHARE	
	OTAL This Period for the Levin	Share	- 1 - 5/2 - 1	-72	

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

NAM	E OF COMMITTEE (In Full)		
	Indiana Cha	amber Congressional Action Con	nmittee
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		TEAT TO DATE
	(a) Itemized(Use Schedule L-A)	7. 4. 7. 2.	
	(USB Scriedule L-A)		
	(b) Unitemized	7,2	
	(a) Total		
	(c) Total		7)2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
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		49 4 49
	(b) Voter ID		
	(b) Voter 15		
	(c) GOTV	72	
	(d) Generic Campaign		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(e) Total	- 1 - 17 - 1 - 17 - 1 - 17 - 1 - 17 - 1 - 1	
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	7-49-49-49-49-49-49-49-49-49-49-49-49-49-	4)> 4)>>
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	<u> </u>	
8.	RECEIPTS		
0.	(from Line 3)		57-1-57-1-57-1-57-1-57-1-57-1-57-1-57-1
9.	SUBTOTAL		
	(Add Lines 7 and 8)	73 1 73 1 73	75- 1 -73- 1 -72- 1
10.	DISBURSEMENTS(From Line 6)		
11	ENDING CASH ON HAND		
11.	(Subtract Line 10 From Line 9)		2

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

1 OF

			Aggreg	ation Page	(check only one)	
An or	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and a	ay not b	e sold o	r used by any perso plitical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	Indiana Chamb				Committee	
Α.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organizat	tion Nam	e	Date of Receipt	
					M·M / D·D / Y·Y·Y·Y	
	Mailing Address	Amount of Each Receipt this Period				
	City	State		Zip Code	Amount of Each Heodipt tills relied	
	Name of Employer (for Individual)	Annuagete Veer to Dete				
	Occupation (for Individual)				Aggregate Year-to-Date	
_						
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organizat	tion Nam	e Memo Item	Date of Receipt	
	· · · · · · · · · · · · · · · · · · ·				MTM / DID / YIYIYIY	
	Mailing Address					
	City	State		Zip Code	Amount of Each Receipt this Period	
	Name of Employer (for Individual)	<u> </u>			43-43-43-43-43-43-43-43-43-43-43-43-43-4	
	or Employor (for individual)	_			Aggregate Year-to-Date	
	Occupation (for Individual)					
—	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name				Date of Receipt	
C.			- 2017		May 1 Dec 1 Lander	
	Mailing Address					
	City	State		Zip Code	Amount of Each Receipt this Period	
		Siale		-ip Ooue		
	Name of Employer (for Individual)	Aggregate Year-to-Date				
	Occupation (for Individual)					
_	Full Name of Individual (Last, First, Middle Initial) or Full O)rganizat	ion Name	→ Memo Item	Date of Receipt	
D.	Carry Carry Carry Carry Carry of Carry of Carry	J	redift		Mamil / Load / Landana Al	
	Mailing Address					
	City	State		Zip Code	Amount of Each Receipt this Period	
					402 1 403 1 403 4	
	Name of Employer (for Individual)	Name of Employer (for Individual)				
	Occupation (for Individual)				Aggregate Year-to-Date	
	·					
SI	UBTOTAL of Receipts This Page (optional)				42 4 42 4 42	
						
T	OTAL This Period (last page this line number only)	•••••	•••••	•••••••••••••••••••••••••••••••••••••••	42 42	

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBE	R:	PAG	E 1		OF	1
(check only one)		4a	$\overline{}$	4c	Г	٦_ َ
}	⊣'	4a	\vdash	4C	ᆫ	٦°
	4	4b	Ш	4d		

OF LEVIN FUNDS			Aggregation Page	4b 4d
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
/	NAME OF COMMITTEE (In Full)			
/	Indiana Chamber Congr			
Α.	Full Name (Last, First, Middle Initial) / Full Organ	nization Name	Memo Item	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	1		
В.	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo Item	Date of Disbursement
	Mailing Address			M M / D D / V T V T V T V T V T V T V T V T V T V
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement		
	Mailing Address	M = M / D = D / Y = Y = Y		
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	ļ		432 432 422
	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo Item	-
D.				Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			7
Ε.	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	Memo Item	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
	UBTOTAL of Disbursements This Page (optional)		
	OTAL This Period (last page this line number on			73-4-73-4-42-4-73-4-73-4-73-4-73-4-73-4-
•	CINE THIS I SHOW (INST PAGE THIS HITE HUMBER OF	' <i>y /</i>	•••••••••••••••••••••••••••••••••••••••	

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ENVELOPE REPLAC		nmission R INCOMING DOCUMENTS ng to indicate how it was received.
Hand Delivered		Date of Receipt
USPS First Class Mail	Postmarked	Date of Receipt
<u> </u>	10-09-20	10/15/20
USPS Registered/Certifie	ď	Postmarked (R/C)
USPS Priority Mail		Postmarked
USPS Priority Mail Expres	SS	Postmarked
Postmark Illegible	•	•
No Postmark		
Overnight Delivery Service	e (Specify):	Shipping Date
		Next Business Day Delivery
Received from House Rec	cords & Registratio	Date of Receipt on Office
Received from Senate Pu	ıblic Records Office	Date of Receipt
Received from Electronic	Filing Office	Date of Receipt
Other (Specify):	I	Date of Receipt or Postmarked
		10/16/20
PREPARER		DATE PREPARED

PREPARER (3/2015)