2016 - 04 - 14 - 0M - 0006M692

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

Office Use Only

Rev. 12/2004

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2. FEC ID	ENTIFICATION I	NUMBI	ER ¥	, ,		CITY A				STATE 4	<u> </u>		ZIP CO	DE 🛦
	04055	9.7	7			. IS THIS REPORT	×	NEW (N)	OR		AM (A)	ENDED		
4. TYPE (Choose	OF REPORT One)	(t }		port	1	Feb 20.(M2	On 1	·	20 (M5)	#** 		20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	arterly Reports:				angell Comp	Mar 20 (M3	Tark A		20 (M6)			20 (M9)	n P Santa Hitye	Dec 20 (M12) (Non-Election Year Only)
×	April 15 Quarterly Report July 15 Quarterly Report		(c)	12-Day	ection	Apr 20 (M4)	Primary (12P)	÷		Oct 2	20 (M10) 12G)	Table Services	Jan 31 (YE) Runoff (12R)
	October 15 Quarterly Report			Report	for the	3: 	Convention		:		ecial (1	12S)		
	January 31 Year-End Report	(YE)			Ele	ection on	DE NATION NATIONS OF STREET		0 , 7 ?		Y Y		in the State o	•
A 11 4 11 11 11	July 31 Mid-Year Report (Non-election Year Only) (MY)		(d)	30-Day POST-E			General (30G)	**. * * .	., : Ru	noff (3	0R)	6-3 	Special (30S)
\$ 1.5 \$ 2.7	Termination Report (TER)	rt				ection on	M · M	, , , p	0 / 7 /	γ . : γ		:	in the State o	f
5. Covering	Period > 0	1	. O ,	р / У 1, у. <mark>2</mark>	γ	, , , , ,	throug	h	м у	/ ˈˈɒˈ ː ૻ .	Ϊρ΄; / 1.:	20	16	
	I have examined t							nd belie	f it is tru	e, corre	ct and	complet	e.	
type or Print	Name of Treasur	er	<u> </u>	2-4-4 k	7/0	muy		······································	<u> </u>					empleteremptere del 1111 e este a se a televidore e
Signature of	Treasurer	Self		nn	5				D	ate	64	, n	2	2016
	ssion of false, erro	neous,	or inc	omplete in	nforma	ation may s	ubject the p	person s	signing th	is Repor	t to the	e penaltie	s of 52	U.S.C. § 30109.
Off										}		FEC	FOR	м зх

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

. A		**************************************	0: 03 01 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 6		gare qui e equi un prosper equi un grassigne e que exigence que el composito que el composi
	(b) Cash on Hand at Beginning of Reporting Period	in an annual secretaria de la companya del companya del companya de la companya d	
	(c) Total Receipts (from Line 19)		in the second second second in the second se
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	ti sana sana magana ga mana sayan na sayan na panangan nganam sang kanal na sasa di tangga sayan na panangan na sayan na sahila sahinana	g ne signin ar a salari en en general a salari en
7 .	Total Disbursements (from Line 31)	ns ingan statum in in ing mengan nyannya singan segara segara segara segara segara segara segara segara segara Seniran mengan seniran segara s	ge production and the states along along the equipment graph between the com- formations and the 20th of the enterprise Production and the state of
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,291.90	12,291.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	and the second of the contract	·
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	ge samen samen generalige av segera segeralis segeralis segeralis segeralis segeralis segeralis segeralis sege Taming til samen segeralis de samen segeralis segeralis segeralis segeralis segeralis de segeralis segeralis s	·

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

(subtract Line 18(c) from Line 19)▶

Page 3

2 0 1 6	
04	
14	
03.0	
0006Nic	
694	

Write or Type Committee Name Report Covering the Period: From: To: **COLUMN B COLUMN A** I. Receipts **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)..... (ii) Unitemized (iii) TOTAL (add (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))... 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:	istat into i site in the s	Odicioda Tear to Bate
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		, and the second of the second
(i) Federal Share	4	
•		केरण सम्मुख्या है जा क्षेत्रक करने हैं स्वरूपन केरण है जो है है जो किए सम्मुख्या केरण है जो है जो है जो किए के जो किए केरण है जो किए
(ii) Non-Federal Share	ϕ	en e
(b) Other Federal Operating		
Expenditures	, ZO.OO	, 20.0
(c) Total Operating Expenditures	#	
(add 21(a)(i), (a)(ii), and (b))	and the second s	, , ,
Committees	d	
. Contributions to	, , , , , , , , , , , , , , , , , , , ,	
Federal Candidates/Committees and Other Political Committees	6	
Independent Expenditures		, , , , , , , , , , , , , , , , , , ,
(use Schedule E)	6	
. Coordinated Party Expenditures	- การแบบที่ เพราะ แบบที่ ซึ่งและ แบบแบบกับ แล้ว แบบที่เกิดสะดับเกรียบกับที่ ซึ่งกลาย - ผู้เกิด ผู้เกิดสะดับเทียง เกิด ตามหลังสะดับเทียงการ การการการการการสะดับ	The course accounting a definition of the counting of the efficiency of the first of the grant of the counting
(52 U.S.C. § 30116(d)) (use Schedule F)	\mathcal{O}	
·		
. Loan Repayments Made		in the second of
. Loans Made	, Ø	. y
. Refunds of Contributions To: (a) Individuals/Persons Other	N. C.	
Than Political Committees	, , $arphi$. , , ,
	d	•
(b) Political Party Committees		
(c) Other Political Committees	8	and the second second second second second
(such as PACs)	and the second s	ing a Seed that I have been the Seed
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	b	and the second
(add Lines 20(a), (b), and (c)/	· , p	, ,
Other Disbursements	K	•
	. , , , , , , , , , , , , , , , , , , ,	. 7
. Federal Election Activity (52 U.S.C. § 30101	(20))	
(a) Allocated Federal Election Activity		
(from Schedule H6)	and the second of the second o	The second second second
(i) Federal Share	and the second second second section of the section of	
(ii) "Levin" Share	, , , , , , , , , , , , , , , , , , ,	
(b) Federal Election Activity Paid Entirely		
With Federal Funds	, , , , , , , , , , , , , , , , , , ,	and the second s
(c) Total Federal Election Activity (add	A	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, , , ℓ	, , , , , , , , , , , , , , , , , , ,
Total Diahuraamasta (add Lissa 04/2) 22	·	·
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, , , , , , , , , , , , , , , , , ,	, zo. 0
Total Federal Disbursements	•	·
(subtract Line 21(a)(ii) and Line 30(a)(ii)	•	
from Line 31)	and the second of the second o	
1011 LIII0, 01/	, ZU.OO	, 20.00

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	,500.00
34. Total Contribution Refunds		.: A
(from Line 28(d))	ti sangan pangan pa	The American Section of the Section
33. Net Contributions (other than loans)	·	·
(subtract Line 34 from Line 33)	5,00.00	,500.00
36. Total Federal Operating Expenditures	 State of the state of the state	The state of the s
(add Line 21(a)(i) and Line 21(b))▶	,	20.00
37. Offsets to Operating Expenditures		an galagi a silik darih bilan karabasa da kabup
(from Line 15, page 3)	Ø	ϕ
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)	20.00	20.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and	Statements may not be sold or used by any pers	-1 - 1		
	ne name and address of any political committee t			
NAME OF COMMITTEE (In Full)				
/ Indiana Chamber	Congressional Acti	06 Committee		
Full Name (Last, First, Middle Initial)				
A. Joseph G. Pierce		Date of Receipt		
Mailing Address		M M / D D . / 'V . V Y Y .		
P. O. Box 183	State Zip Code	03 04 2016		
La Grange	IN 46761	Amount of Each Receipt this Period		
FEC ID number of contributing	in the state of th	guinterproduct protessarius entropologies britanistische deutsche		
federal political committee.	Section of the sectio	250.00		
Name of Employer	Occupation	: Memo Item		
Farmers State Bank	Executive			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Land (opening)	4 1986 A 2015 M Print			
Full Name (Last, First, Middle Initial)				
Mailing Address 14007 London Rd.	007 Landan Rd.			
City	State Zip Code	03032016		
Fisher	IN 46037	Amount of Each Receipt this Period		
FEC ID number of contributing	C			
federal political committee.	C	, , 250.00		
Name of Employer	Occupation	Memo Item		
Indianapolis Indians Inc.	Ececutive	··		
Receipt For:	Aggregate Year-to-Date ▼			
Primary ☐ General Other (specify) ▼	ng na 20 ya kasa a na nasantika g			
Strict (openity) \	250 000			
Full Name (Last, First, Middle Initial)				
C		Date of Receipt		
Mailing Address		TIMO NO 7 CO CO 7 Y Y Y Y Y		
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing	C			
federal political committee.				
	The state of the view and the second of the self-			
Name of Employer	Occupation Control of the Control of	Memo Item		
Receipt For:	Occupation Aggregate Year-to-Date ▼	Memo Item		
	Occupation Aggregate Year-to-Date ▼	Memo Item		
Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼	Memo Item		
Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼	: : Memo Item		
Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼	: : Memo Item		
Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼	Memo Item		

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SCHEDULE B (FEC Form 3X)

SOFIEDOLL D (FLOTOTIII SX)	Use separate schedule(s)	FOR LINE I			
ITEMIZED DISBURSEMENTS	for each category of the	(check only			
	Detailed Summary Page	21b	22 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used se and address of any political	by any person committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
1	pessional Action	(ammi +	400		
Full Name (Last, First, Middle Initial)	143310441 /101104				
A. PNC Bank		· ·	Date of Disbursement		
Mailing Address			0104 2016		
101 W. Washington Street					
Ť / • 1:	State Zip Code JN 46255				
Purpose of Dispursement		ang mayees			
		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	The state of the attention and track of the end-		
		Type	20.00		
!	nent For: Primary General Other (specify) ▼		Memo Item		
State: District:	,,,,,				
Full Name (Last, First, Middle Initial)					
В.			Date of Disbursement		
			Buckey A Report of A LANGE A		
Mailing Address			HONE / BOSE / YOU YOU		
City	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
. , , , , , , , , , , , , , , , , , , ,		<u>.</u>	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	gradien in de la companya de la comp Banda de la companya		
Office Sought: House Disbursen	nent For:	-71			
Senate	Primary General		Memo Item		
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)					
C.	•		Date of Disbursement		
Mailing Addrson			B B A B A B A B A B A B A B A B A B A B		
Mailing Address			and the second of the second o		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Candidate Name		Category/			
Office Sought: House Disbursen	nent For:	Туре	Committee of the Commit		
	Primary General		Memo Item		
	Other (specify) ▼				
State: District:					
			And the control of the state of the control of the		
SUBTOTAL of Disbursements This Page (optional)		······	20.06		
TOTAL TIP DOGGA MARKET			on the majority clarifies in the automorphism of the control of t		
TOTAL This Period (last page this line number only).		····· >	20.00		

SCHEDULE C (FEC Form 3X) LOANS

	Use separate schedule(s)	PAGE	OF	l
for each category of the Detailed Summary Page		FOR LIN	NE 13 OF F	ORM 3X

Ludiqua	Chamber Congres	sional Action Committee
LOAN SOURCE Full N	ame (Last, First, Middle Initial)	Memo Item Election:
NA-III A.I.I.		General
Mailing Address		Other (specify) ▼
City		Code
	rangan mangkan kelalah salah s	It To Date Balance Outstanding at Close of This Periods and Close of This Periods are the Control of the Control
	Resilient Australia Service Land	Loren Billon (Misses III) (Kosa oliv Literatus Lorentes Atribeco escentente Literatu
TERMS Date Inco	urred Date (Due Interest Rate Secured:
	TWO TWO WAYS AND TO THE WAY A STORY OF THE AND	· O/ · I I Voc I I N
	uarantors (if any) to Loan Source	
1. Full Name (Last, Fire	· · · · · · · · · · · · · · · · · · ·	Name of Employer
Mailing Address		Occupation
3		
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, Firs	t, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed : Outstanding:
3. Full Name (Last, Firs	l, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, Firs	t, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
BTOTALS This Period 1	his Page (optional)	
TALS This Period (last p	page in this line only)	
		e. 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

NA	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER			
	Indiana Chamber Congressing	1 Action Committe	,C	0040.5.5.9.7			
	NDING INSTITUTION (LENDER) Il Name	Amount of Loan		Interest Rate (APR)			
rui	n Name	1		. %			
Ma	ailing Address		터 14	/ "D" "D / "Y Y Y "Y"			
		Date Incurred or Established	i sa sta	A ROLLING A LALLA CARRACT			
City	y State Zip Code	Date Due					
	A. Has loan been restructured? No Yes	If yes, date originally incurred	1 7 1	7 1767 1677 7 7 7 7 7 7 7 7 7 7 7 8 7 7 1 8 1 1 1 1			
	B. If line of credit,		•	iş			
	C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)					
	D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	Does the le	value of this collateral?			
}	E. Are any future contributions or future receipts of intere	est income pledged as .	interest in it	? No Yes estimated value?			
	collateral for the loan? No Yes If yes, s	· =	22.2	† • •			
	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:					
	# We will be in the village of the second of	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.						
Ī	G. COMMITTEE TREASURER		DATE				
1	Typed Name Signature		. #4 F9	י אַר' צַּ''יצָ אַ ע מַר''מּ'' ע			
H. Attach a signed copy of the loan agreement.							
	 TO BE SIGNED BY THE LENDING INSTITUTION: 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. 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. 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. 						
	THORIZED REPRESENTATIVE		DATE				
	/ped Name gnature Titl	10	M ' M	I D B I I V Y Y			
			e e de en la companya de que				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate	PAGE
•	<u></u>
schedule(s)	FOR LINE NUMBER
for each	(check only one)
numbered line)	-

OF

Jadiana Cranbe	Congressional Action	1 Constree
A. Full Name (Last, First, Middle In		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning T	his Period	
Amount Incurred This Per		Outstanding Balance at Close of This Period
		ing the state of the same of the same of the state of
B. Full Name (Last, First, Middle Ini	tial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning T	his Period	
, , , Amount Incurred This Per		Outstanding Balance at Close of This Period
The same was the second as a second s	a Paulinia (m. 1905). Propinsi (m. 1908). Prop	a. 1948 - Loro A. Communication and March 1949 - 1955 - 1955 - Statentia
C. Full Name (Last, First, Middle In	nitial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning T		
, , , , , Amount Incurred This Peri	od Payment This Perio	
ÿ 7	the state of the s	
) SUBTOTALS This Period This Pag	e (optional)	
TOTALS This Period (last page thi	s line number only)	
TOTAL OUTSTANDING LOANS fro	om Schedule C (last page only)	
) ADD 2) and 3) and carry forward t	o appropriate line of Summary Page (last page	

2016 - 04 - 14 - 08 - 00068702

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ¥

N/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
	Indiana Chamber Congressions	Actio	n Coma	~{	C00405597		
Check if 24-hour report 48-hour report New report Amends report filed on							
	Full Name of Payee	, . ,	Memo	Item	Date of Public Distribution/Dissemination		
	Mailing Address				Amount		
	City State	Zip Code	·		The second section of the section		
	Purpose of Expenditure	Category Type			Date of Disbursement or Obligation		
	Name of Federal Candidate		Support Oppose	Office	President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought		p.	Disbu	ursement For: Primary General Other (specify) ▶		
	Full Name of Payee		☐ Memo	tem	Date of Public Distribution/Dissemination		
	Mailing Address				Amount		
	City State	Zip Code			Date of Disbursement or Obligation		
	Purpose of Expenditure	Category Type	n jarangan diga Pengangan		Mana i a b i v v v v v v		
	Name of Federal Candidate		Support Oppose	Office	President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought	e n i		Disbu	ursement For: Primary General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures			>	ng ngang salah salah Salah salah sa		
	(b) SUBTOTAL of Unitemized Independent Expenditures		••••••	•	Martine grows and the property of the property		
	(c) TOTAL Independent Expenditures			>	en e		
•	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	reported h committee	erein were r or agent of	not ma eithei	nde in cooperation, consultation, or concert r, or (if the reporting entity is not a political		
	Signature	-	Date	м -	FM . F O PTO THE POPE PROPERTY OF THE PROPERTY		
	The state of the s			·			

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

10	N BEHALF OF CANDIDATES	Ē ` ´		PAGE	OF /			
	(To be used only by Political Committees in the General Election)							OF FORM 3X
	Indiana Chamber	(engress	ion	al Aci		ttee	Chec 24-h	ck if our notice
CO	as your committee been designated to ma ordinated expenditures by a political party YES NO YES, name the designating committee:			Name of Subo	ordinate Committee			
.,	To, name the designating committee.		City			Sta	te ZIP (Code
	Full Name (Last, First, Middle Initial) of	Each Payee			Memo Item	Purpose of Expe	enditure	y syendra a
	Mailing Address					Date		Category/ Type
	City	State		Zip Code		FAN FAN 'V Ü	δ 6 / Y	
	Name of Federal Candidate Supported	Office Sough	it:	House Senate Presidential	State:	Amount		
	Funeraliture for this Condidate b	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10						
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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)								
Indiana Chamber Congressional Herion Committee								
USE ONLY ONE SECTION, A or B								
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A. State and Local Party Committees								
Fixed Percentage (select one)								
Presidential-Only Election Year (28% Federal)								
Presidential and Senate Election Year (36% Federal)								
Senate-Only Election Year (21% Federal)								
Non-Presidential and Non-Senate Election Year (15% Federal)								
B. Separate Segregated Funds and Nonconnected Committees								
Flat Minimum Federal Percentage								
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or								
If the committee is spending more than 50% federal funds, indicate ratio below								
Federal%								
Nonfederal %								
This ratio applies to (check all that apply):								
Administrative Generic Voter Drive Public Communications Referencing Party 0	Only							

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SCHEDULE H2 (FEC Form 3X)

PAGE 1	OF	(

ALLOCATION RATIOS		1.7.02 / 0.
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action	Convirtee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accompany where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commission federal and nonfederal candidates, regardless of whether there is a mare allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	thod" where the federal pro ording to benefit expected fit derived by federal candi munications or voter drives	to be derived, idates from the action that refer to both
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ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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<u>A.</u>	Full Name (Last, First, Middle Initial)	Memo Item	Allocated Activity or Event:
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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)

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FOR LINE 1	85 OF FOR	M 32

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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)

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

NAM	E OF COMMITTEE (In Full)	iana Chamber Congres	sional Action Committee
NAM	E OF ACCOUNT		
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
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8.	RECEIPTS		
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11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	and the second of the second o	y y

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)

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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) Α. ลูด์ *ัติ: / : อี : อี : ัั / ' ∀ิ v Mailing Address Amount of Each Receipt this Period City State Zip Code المنتج المارانية لهجم فالمرازية الرابية الرابطين القرراطين ที่เพลาน์สามาร์สาเพริสาเพราะเเรา สาเพิ่สามาธิเมณาให้เดิม และปรึ่ 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 Memo Item В. "M M" / D' D / " Mailing Address Amount of Each Receipt this Period City State Zip Code Burkering the marker of the contraction of the contraction 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 Memo Item א א מים, א אי א אי א California (Sept. 1987) 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 and emiliar Francis on a strain man a dthe ence Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. 19. 10. 10. 10. 1 Y Y Y Alexander (Marsara) - Alexandria (Alexandria) Mailing Address Amount of Each Receipt this Period City State Zip Code and provide the control of the state of the state of a combine the left of the Profession and the 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).....

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

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

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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 Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **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): **PREPARER**