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FEC FORM 3X

Use

Only

FE6AN026

REPORT OF RECEIPTS

For Other Than An Authorized Committee

200 DEC -2 PH 12: 29

Office Use Only

Rev. 12/2004

ADDRESS (number and street) Check if different than previously reported. (ACC)	AMBER CON 15 W. WASH NDIANAPOL	GRESSION MINGTON:	M ACT	0N 050 S:
2. FEC IDENTIFICATION NUMBER C. 004059		NEW OR	AMENDED (A)	ZIP CODE A
(Choose One) . (a) Quarterly Reports:	Po) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	변동하는 100 년 10 - 100 년	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	PRE-Election Report for the:	Primary (12P) Convention (12C)	Special (12S)	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the: Election on	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period I certify that I have examined this Recognition or Print Name of Treasurer	port and to the best of my kno Darla Barns	wledge and belief it is true	e, correct and complete	0 0
			ate 72 8	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Compaittee Name Action Committee 10 1U 2000 From: Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2000 January 1, (b) Cash on Hand at 2,860.99 Beginning of Reporting Period..... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)....... Cash on Hand at Close of Reporting Period 6,156.74 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Wanter Compressional Action Committee

To: Report Covering the Period: From: **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) Uniternized (iii) TOTAL (add Lines 11(a)(i) and (ii)......▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... Same of the contract of the co (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..... New Artist and Service 18 to the Company of the Com 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) growing the representation of the (b) Levin Funds (from Schedule H5) وعلون 19 م كيون العيم الأسيد الأسيد الأسيار (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

(subtract Line 18(c) from Line 19) ▶

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

ursements Page **4**

_	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	, , , O	Calendar Year-to-Date
	(ii) Non-Federal Share(b) Other Federal Operating	274175	224120
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3704.23	3,204.65
22.	Transfers to Affiliated/Other Party	, 5,207.23	, 4,204.23
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5,000.00
24.	Independent Expenditures (use Schedule E)	D	^
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		, , ,
26.	Loan Repayments Made	, , , , , , , , , , , , , , , , , , , ,	, ,
	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	· · · · · · · · · · · · · · · · · · ·	, , , , , ,
	(b) Political Party Committees	, , , , , , , , , , , , , , , , , , , ,	, , <u>Ö</u>
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	. , , , , , , , ,	, , <i>O</i>
29.	Other Disbursements	, , , , , , , , , , , , , , , , , , ,	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		· · · · · · · · · · · · · · · · · · ·
	(i) Federal Share		· · · · · · · · · · · · · · · · · · ·
	(ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds	, , O	, , . 0
	(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))	9,204.25	8,704.25
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	, 0	, 0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans)	11500.00	11,500.00
	Contribution Refunds	0	0
	Contributions (other than loans) tract Line 34 from Line 33)	<u>(a)</u>	The second secon
36. Total	Federal Operating Expenditures Line 21(a)(i) and Line 21(b))		sender of trace Provider a financial trace from the set of the first
37. Offse	ets to Operating Expenditures	Sand of the Parks of the Total Transfer of the Control of the	
8. Net (Operating Expenditures tract Line 37 from Line 36)		According Conference C

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (IN FUII) MICHAEL MAMBY MO		tion Committee
Full Name (Last First, Middle-Initial)	J	Date of Receipt
Mailing Address PD Box 22	4	10 10 2008
City Plymouth, State	Zip Code UUSU3	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	on one of the second	1,000.00
Name of Employer Solvanues Inc. Oceanation Property of the control of the cont	2SIDENT	
Receipt For: Primary General Other (specify)	Year-to-Date ▼	
Rampe (Last First, Middle-Initial)		Date of Receipt
Mailing Address 9015 Herward	Dr.	10 16 2008
Malamoolis, Mistate 4	16250	Amount of Each Receipt this Period
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Name of Employer Amancial Occupation	<u> </u>	
Primary General General	Year-to-Date ▼	
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West Lagarette, Mstate	47906	Amount of Each Receipt this Period
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Name of Employer Moutactunn Present For:	Sident + CEO	
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		13 14 15 16 17			
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MANA CHAMPEY	amayessimal A	ction ammittee			
A. Full Name (1st. First Middle Initial) +CY	J	Date of Receipt			
Mailing Alors N. Shad	State Zip Gode, 210	10 16 2008			
Maiahapolis, 1	4029	Amount of Each Receipt this Period			
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Primary X General	Aggregate Year-to-Date ▼				
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c. Vane Lasi First Mobile Initial)	es	Date of Receipt			
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city Folt Wayne,	State Zigode 550	Amount of Each Receipt this Period			
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im financial	President				
Primary General	Aggregate Year-to-Date ▼				
Other (specify) \$, 1,000,00				
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TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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General

General

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Other (specify)

FEC ID number of contributing

federal political committee.

of Employer

Other (specify)

FEC ID number of contributing federal political committee.

Name of Employer

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Receipt For

Receipt For:

Primary

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 15 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. Date of Receipt Zip Qo Amount of Each Receipt this Period ್ಷ-ಕಲ್ಪ್ ಜನ್ಮಾನಿ ಸಮ್ಮಗಳು Occupation Aggregate Year-to-Date ▼ 000.000 Date of Receipt Amount of Each Receipt this Period e companie ya wiji margasi Surveio e Frankes Sur 💆 Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period and the first transfer and Aggregate Year-to-Date ▼ فاستخلب مشاميد ووووائه ومالتهم ومماليه ومعاديها

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SCHEDULE	В	(FEC	Form	3X)
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	Detailed Summary Page	27	28a 28b 28c	25 26 30b
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SCHEDULE B (FEC Form 3X)

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	Detailed Summary Page	27	28a 28b	28c 29 30b
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Mailing Address 0 Box 1505			10 14	2008
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE OF O
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SCHEDULE C (FEC Form 3X) LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NA V	ME OF COMMITTEE (TO Full) WWW DEV COMMITTEE (TO Full) LOAN SOURCE Full Name (Last, First, Middle Initial)	Ssional Action Committee
	Mailing Address	Primary General Other (specify) ▼
į	City State ZIP Co	de
	Original Amount of Loan Cumulative Payment To	
	Date Incurred Date Due Market Mark	Interest Rate Secured: W (apr) Yes No
ł	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) Mailing Address	Name of Employer Occupation
	City State ZIP Code	Amount Guaranteed Outstanding:
1	3. Full Name (Last, First, Middle Initial)	Name of Employer
}	Mailing Address	Occupation
}	City State ZIP Code	Amount Consignation of the second of the sec
	4. Full Name (Last, First, Middle Initial)	Name of Employer
}	Mailing Address	Occupation
	City State ZIP Code	Amount granteed Guaranteed Outstanding: Charles (22) a Charles (22) a Charles (23) a Charles (23
_	PTALS This Period This Page (optional)	See and conference for eathering with the first after the second control of the second c
C	arry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

Indiana Chamber Charleston	ral Artin Cann	J. TIES	DENTIFICATION OF THE PROPERTY	TON NUMBER	
LENDING INSTITUTION (LENDER)	Amount of Loan	· · · · · · · · · · · · · · · · · · ·	Interest Ra	ate (APR)	
Full Name	The state of the s	(ms/. 3mi	linear La		
	has the street in the street and the street frame.		Le street a	%	
Mailing Address	Date Incurred or Established				
City State Zip Code	Date Due	 	Easterd 2	restitue Laudina	
A. Has loan been restructured? No Yes	If yes, date originally incurred	1	, 10° 0° 1	Ayles Andrew	
B. If line of credit, Amount of this Draw:	Balance:			om granden ang san ng sandan at tilon of to med	
C. Are other parties secondarily liable for the debt incurr	ed? ust 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 len		rfected security	
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	specify:	j a vojjeka gradanja L			
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:				
THE COLD TO THE CO	City, State, Zip:				
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the a was made and the basis on whi	amount pledg ch it assures	ed does not e repayment.	qual or exceed	
G. COMMITTEE TREASURER		DATE			
Typed Name Signature			/ [6%6] / [
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 teare accurate as stated above. The loan was made on terms and conditions (in		_			
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	f comparable credit worthiness. a loan must be made on a basis	which assure		·	
complied with the requirements set forth at 11 CAUTHORIZED REPRESENTATIVE	OFT 100.02 and 100.142 III Makir	DATE			
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Signature	tle	المدة بطأ	ingramud in	ין נייעריין דער גענט מעט פריב	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

		<u></u>
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	ACHA OMMYPE Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period		
المراجعة ا		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debi	or or Creditor	Nature of Debt (Purpose):
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City State	Zip Code	
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Mailing Address		
City	State Zip Code	
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SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page this line numb	er only)	
TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	 In the control of the c
ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only) ▶	en officer in the roller of the Literature of the district of the first of the firs

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CHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
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	vessional P	FEC IDENTIFICATION NUMBER V
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Check if 24-hour notice 48-hour notice	<u> </u>	CAYNTI.
Full Name (Last, First, Middle Initial) of Payee		Date
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		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Exp	penditure:	President
		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
tor Office Sought	,	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
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Mailing Address		
		Amount
City State	Zip Code	
	 	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Ex	penditure:	President
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Calendar Year-To-Date Per Election	A James State	Disbursement For: Primary General
for Office Sought	,	Other (specify)
		
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(a) SUBTOTAL of Itemized Independent Expenditures		·· • · · · · · · · · · · · · · · · · ·
(b) SUBTOTAL of Unitemized Independent Expenditures	.44,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(c) TOTAL Independent Expenditures		··· • , , , , , , , , , , , , , , , , ,
		
Under penalty of perjury I certify that the independent expe	enditures reported herein were	not made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or a		
party committee) any political party committee or its agent.		
		60 51 0 10 7 Y Y Y
	Date	
Signature		

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice vour committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee and the second unite escitarenti Category/ Type Mailing Address Date . M = M 1 / City State Zip Code Name of Federal Candidate Supported House Office Sought: State: Amount Senate District: Presidential Santa of Other Court of the Societies for ny ikan<mark>gamiyam syara</mark> ya niga lakamiya sayy saysa say Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate The west of the street of the state of the state of the ing (2 U.S.C. §441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure ीय असीक्टा दर्भी Category/ Mailing Address Туре Date City State Zip Code ነጠና እንደ / ጀርም ውህ / Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential grand regression of the هن ما کي سامود اندونت Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate > ing (2 U.S.C. §441a(i)/441a-1) and the state of the Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Barrathard in the indirection with the set market Presidential and well and hear medical limition store & The Aggregate General Election july Limit Raised Due to Opponent's Spend-Expenditure for this Candidate 🕌 ing (2 U.S.C. §441a(i)/441a-1) nami alkanit nobesa kontrasilarit ostati esitti ್ರಿಯ ಬದಿಸುವುಬಾದು ಕಾಲವೆಟ್ರಾಬ್ಯೆ<mark>ಟ್ರಾಯವಾಗಿಸುವ</mark>ವೆ ಮುಲಿಕಾವಾಗಿಸುವ SUBTOTAL of Expenditures This Page (optional)...... han stranger of realization of a 1860 at a stand stand TOTAL This Period (last page this line number only)..... ralle i alto all'illore Pararella i di Carrilla resultera d'Acc

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OF

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) Wiana 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 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
This ratio applies to (check all that apply): Administrative Generic Voter Drive Public Communications Referencing Party Only

(7)

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

	PAGE	OF
1		

Majana Chamber Congressional Action Committee					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT				
Methods of allocation:					
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:	FEDERAL %	NONFEDERAL %			
ACTIVITY OR EVENT IDENTIFIER					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %			
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ACTIVITY IS:	line Sum time implicati	NONFEDERAL %			

Same as Previously Reported

Same as Previously Reported

NONFEDERAL %

FEDERAL %

Fundraising

Fundraising

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CHECK IF THE RATIO IS:

New

ACTIVITY IS:

CHECK IF THE RATIO IS:

ACTIVITY OR EVENT IDENTIFIER

Revised

Revised

Direct Candidate Support

Direct Candidate Support

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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FOR LINE 21a OF FORM 3X
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	Mailing Address			Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		gametrasterna a	Allocated Activity or Event Year-To-Date
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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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	MAITTEE (IN FUII)	Compressional &	Ction ammittee
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ii)	Voter ID		anthur a til samethran Christian i a til sameth Man a til samethran Christian i a til sameth
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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)

PAGE		OF				
FOR	LINE	30a	OF	FORM	<u>3x</u>	

NAME OF COMMITTEE (In Full)	al Action Committee
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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NAME OF ACCOUNT	J.		

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

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

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

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