

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
273 DEC -2 PM 12:29

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION
COMMITTEE

ADDRESS (number and street)

115 W. WASHINGTON ST, STE 850 S.

Check if different than previously reported. (ACC)

INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00405597

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11/04/2008

in the State of

5. Covering Period

10/16/2008

through

11/24/2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Darla Barnett

Signature of Treasurer

Darla Barnett

Date

12/07/2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

28039931711

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period:

From:

10 16 2008

To:

11 24 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		2,860.99
(b) Cash on Hand at Beginning of Reporting Period.....	2,860.99	
(c) Total Receipts (from Line 19).....	11,500.00	11,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,360.99	14,360.99
7. Total Disbursements (from Line 31).....	8,204.24	8,204.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,156.74	6,156.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY 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
999 E Street, NW
Washington, DC 20463

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

28039931712

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period: From:

10 16 2008

To:

11 24 2008

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).....

11,500.00

11,500.00

(ii) Unitemized

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

11,500.00

11,500.00

(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).....▶

11,500.00

11,500.00

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)).....▶

11,500.00

11,500.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

11,500.00

11,500.00

28039931713

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

28039931714

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	3,204.25	3,204.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,204.25	3,204.25
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0	0
30. Federal Election Activity (2 U.S.C. §431(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))..	8,204.25	8,204.25
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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11,500.00	11,500.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

28039931715

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)
 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 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)
A. Oliver, John Sr.

Mailing Address
PO Box 224

City **Plymouth**, State **IN** Zip Code **46563**

FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
1,000.00

Name of Employer
US Brakes, Inc. Occupation **President**

Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **1,000.00**

Full Name (Last, First, Middle-Initial)
B. Semler, Jerry

Mailing Address
8015 Heyward Dr.

City **Indianapolis**, State **IN** Zip Code **46250**

FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
1,000.00

Name of Employer
OneAmerica Financial Occupation **Chairman**

Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **1,000.00**

Full Name (Last, First, Middle-Initial)
C. Lehman, Gary

Mailing Address
3609 Montclair St.

City **West Lafayette**, State **IN** Zip Code **47906**

FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
1,000.00

Name of Employer
Fairfield Manufacturing Occupation **President + CEO**

Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **1,000.00**

SUBTOTAL of Receipts This Page (optional).....▶
 TOTAL This Period (last page this line number only).....▶

28039931716

**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 2 OF 4	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (to Full)
Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial)
Justus, Walter
Mailing Address
1398 N. Shadeland Ave.
City
Indianapolis, IN State Zip Code
46219
FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
2,500.00

Name of Employer
The Justus Company Occupation
Chairman
Receipt For:
 Primary General
 Other (specify) **↓**
Aggregate Year-to-Date **2,500.00**

B. Full Name (Last, First, Middle Initial)
Molendop, Dayton
Mailing Address
6507 Castle Knoll Ct.
City
Indianapolis, IN State Zip Code
46250
FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
1,000.00

Name of Employer
OneAmerica Financial Occupation
President
Receipt For:
 Primary General
 Other (specify) **↓**
Aggregate Year-to-Date **1,000.00**

C. Full Name (Last, First, Middle Initial)
Marcuccilli, James
Mailing Address
PO Box 11409
City
Ft Wayne, IN State Zip Code
46858
FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008

Amount of Each Receipt this Period
1,000.00

Name of Employer
STAR Financial Occupation
President
Receipt For:
 Primary General
 Other (specify) **↓**
Aggregate Year-to-Date **1,000.00**

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

28039931717

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE **3** OF **4**

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

A. Full Name (Last, First, Middle Initial)
Sadrel, Noah
 Mailing Address
2904 Coventry Ln.
 City
Greenwood, IN State Zip Code
46143
 FEC ID number of contributing federal political committee.
 C

Date of Receipt
10 / 16 / 2008
 Amount of Each Receipt this Period
 1,000.00

Name of Employer
The Free Enterprise System Occupation
CEO
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1,000.00

B. Full Name (Last, First, Middle Initial)
Bond, Lyman H.
 Mailing Address
13511 E. 114th St.
 City
Fishers, IN State Zip Code
46037
 FEC ID number of contributing federal political committee.
 C

Date of Receipt
10 / 16 / 2008
 Amount of Each Receipt this Period
 1,000.00

Name of Employer
Nachona Occupation
Sr. Vice President
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1,000.00

C. Full Name (Last, First, Middle Initial)
Wells, Mike
 Mailing Address
9150 Coventry Rd.
 City
Indianapolis, IN State Zip Code
46260
 FEC ID number of contributing federal political committee.
 C

Date of Receipt
10 / 16 / 2008
 Amount of Each Receipt this Period
 1,000.00

Name of Employer
REI Investments Occupation
President
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1,000.00

SUBTOTAL of Receipts This Page (optional).....▶
 TOTAL This Period (last page this line number only).....▶

28039931718

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE **4** OF **4**

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

A. Full Name (Last, First, Middle Initial)
Dota, James E.
 Mailing Address
2501 S. High School Rd.
 City
Indianapolis, IN State Zip Code
46241
 FEC ID number of contributing federal political committee.
C

Date of Receipt
10 / 16 / 2008
 Amount of Each Receipt this Period
1,000.00

Name of Employer
General Hotels Corp Occupation
Chairman
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date ▼
1,000.00

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee.
C

Date of Receipt
 Amount of Each Receipt this Period

Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date ▼

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee.
C

Date of Receipt
 Amount of Each Receipt this Period

Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶
 TOTAL This Period (last page this line number only) ▶

28039931719

**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)

PAGE **3** OF **3**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

Full Name (Last, First, Middle Initial)

A. The Mike Pence Committee

Date of Disbursement

10 / 16 / 2008

Mailing Address

PO Box 408

City

Anderson, IN

State

Zip Code 476015

Purpose of Disbursement

Contribution

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Mike Pence

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Hoosiers Supporting Steve Buyer for Congress

Date of Disbursement

10 / 16 / 2008

Mailing Address

PO Box 712

City

Monticello, IN

State

Zip Code 47160

Purpose of Disbursement

Contribution

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Steve Buyer

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Dan Burton for Congress Committee

Date of Disbursement

10 / 16 / 2008

Mailing Address

PO Box 50593

City

Indianapolis, IN

State

Zip Code 46250

Purpose of Disbursement

Contribution

011

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Dan Burton

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

28039931720

**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)

PAGE 2 OF 3

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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

A. Friends of Mike Sodrel Date of Disbursement 10/16/2008
 Mailing Address PO Box 1505
 City Jeffersonville, IN State IN Zip Code 47131
 Purpose of Disbursement Contribution Amount of Each Disbursement this Period 1,000.00
 Candidate Name Mike Sodrel Category/Type 011
 Office Sought: House Senate President Disbursement For: Primary General Other (specify)
 State: _____ District: _____

B. Souder for Congress Date of Disbursement 10/16/2008
 Mailing Address PO Box 40233
 City Ft Wayne, IN State IN Zip Code 46804
 Purpose of Disbursement Contribution Amount of Each Disbursement this Period 1,000.00
 Candidate Name Mark Souder Category/Type 011
 Office Sought: House Senate President Disbursement For: Primary General Other (specify)
 State: _____ District: _____

C. _____ Date of Disbursement _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____ Amount of Each Disbursement this Period _____
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President Disbursement For: Primary General Other (specify)
 State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)
 TOTAL This Period (last page this line number only)

28039931721

**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)						PAGE 3 OF 3	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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		

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NAME OF COMMITTEE (in Full)
Indiana Chamber Congressional Action Committee

A. Flemings Prime Steakhouse		Date of Disbursement
Mailing Address 2487 Union Chapel Rd, Ste 200		10 / 16 / 2008
City State Zip Code Indianapolis, IN 46240		
Purpose of Disbursement Fundraiser for PAC (ICCAC)	Candidate Name 003	Amount of Each Disbursement this Period 2,904.25
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 checked="" type="checkbox"/> Other (specify) Meal for Donors	
State: _____ District: _____		

B. Flemings Prime Steakhouse		Date of Disbursement
Mailing Address 2487 Union Chapel Rd, Ste 200		10 / 16 / 2008
City State Zip Code Indianapolis, IN 46240		
Purpose of Disbursement Fundraiser for PAC (ICCAC)	Candidate Name 003	Amount of Each Disbursement this Period 300.00
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 checked="" type="checkbox"/> Other (specify) Gratuity for Meal	
State: _____ District: _____		

C.		Date of Disbursement
Mailing Address		
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	8,204.24

28039931722

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	

NAME OF COMMITTEE (in Full)
Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
			% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

28039931723

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

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Comm.		FEC IDENTIFICATION NUMBER 00405597
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 Signature	DATE
---	------

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	Title	DATE
--	-------	------

28039931724

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

28039931725

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (if Full) Indiana Chamber Congressional Action Comm.	FEC IDENTIFICATION NUMBER ▼ C 00405597
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date M M / D D / Y Y Y Y _____ / _____ / _____
Amount _____	

Purpose of Expenditure _____	Category/Type _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date M M / D D / Y Y Y Y _____ / _____ / _____
Amount _____	

Purpose of Expenditure _____	Category/Type _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

(a) SUBTOTAL of Itemized Independent Expenditures	_____
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y _____

28039931726

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

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 Only

28039931728

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **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	FEDERAL %	NONFEDERAL %
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 % [] %	NONFEDERAL % [] %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 % [] %	NONFEDERAL % [] %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 % [] %	NONFEDERAL % [] %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 % [] %	NONFEDERAL % [] %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 % [] %	NONFEDERAL % [] %
ACTIVITY OR EVENT IDENTIFIER <hr/> 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 % [] %	NONFEDERAL % [] %

28039931729

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	<table border="1"> <tr> <td>M / M</td> <td>D / D</td> <td>Y / Y / Y / Y</td> </tr> </table>	M / M	D / D	Y / Y / Y / Y	
M / M	D / D	Y / Y / Y / Y			

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

28039931730

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)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date
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
---------------	---	------------------	---	--------------

28039931731

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)

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

28039931732

**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			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	Date	
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <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	Date	
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

C. Full Name (Last, First, Middle Initial) / Full Organization Name			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	Date	
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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

28039931733

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)		

28039931734

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

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

PAGE OF

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

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Aggregate Year-to-Date

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

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

28039931735

**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: (check only one)		PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d
			<input type="checkbox"/> 5

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 (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	<input type="text"/>
Mailing Address	

City	State	Zip Code	Amount of Each Disbursement this Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Disbursement			

B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	<input type="text"/>
Mailing Address	

City	State	Zip Code	Amount of Each Disbursement this Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Disbursement			

C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	<input type="text"/>
Mailing Address	

City	State	Zip Code	Amount of Each Disbursement this Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Disbursement			

D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	<input type="text"/>
Mailing Address	

City	State	Zip Code	Amount of Each Disbursement this Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Disbursement			

E. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	<input type="text"/>
Mailing Address	

City	State	Zip Code	Amount of Each Disbursement this Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of Disbursement			

SUBTOTAL of Disbursements This Page (optional)..... ▶	<input type="text"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text"/>

28039931736

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date
12/1/08
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

Jmk *12/8/08*
 PREPARER DATE PREPARED

28039931737