**FEC** FORM 3X

Only

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# REPORT OF RECEIPTS

For Other Than An Authorized Committee

2011 JUL 29 AM 10: 37

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FEC	IDENTIFIC	ATION I	NUMB	ER ▼			CITY	<b>A</b>				ST	ATE A			ZIP COI	DE 🛦	
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(a) C	Quarterly Rep	oerts:		Duc	, On.		Mar 2	0 (M3)		J	un 20 (M	6)		Sep :	20 (M9)		(Non-Ele	) (M12) ction y)
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	July 15		` '	(c)	•		n		Primary (	12P	)		Ge	neral (	12G)		Runoff	(12R)
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(ACC)  FEC IDENTIFICATION NUMBER  C 004.0559.7  TYPE OF REPORT (Choose One)  (a) Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Cotober 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Covering Period  Tify that I have examined this Report (Non-Piece Control of the Control of Treasurer Control of Tre	COMMITTEE (in full)  IDIANA CHAMB  MMITTEE  RESS (number and street)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER V  CO04-0-5-5-9-7  TYPE OF REPORT (b) More Report (Choose One)  (a) Quarterly Report (Q1)  Quarterly Report (Q2)  Quarterly Report (Q3)  January 31  Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report  (TER)  Covering Period  Tify that I have examined this Report after the properties of	COMMITTEE (in full)  IDIANA CHAMBER  MMITTEE  RESS (number and street)  Check if different than previously reported. 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CHAMBER CONGRESSIO  MMATTIEE  RESS (number and street)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER   CITY   CO0405597  3. IS THIS REPORT (IN PREPORT (IN PREPORT) (IN PREPORT)  (Choose One)  (a) Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  Cotober 15  Quarterly Report (Q2)  Cotober 15  Quarterly Report (VE)  July 31 Mid-Year Report (VE)  April 15  Report (Non-election Report for the:  Convention (IN PREPORT)  (b) Monthly Feb 20 (M2)  April 20 (M3)  January 10  Year-End Report (Q2)  Convention (IN PREPORT)  Report for the:  Convention (IN PREPORT)  (d) 30-Day  POST-Election General (30G)  Report for the:  Election on  Covering Period  Covering Peri	COMMITTEE (in full)  Over the lines.  NAMITEE	COMMITTEE (in full)  COMMITTEE  RESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER   CITY   3. 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(ACC)  IND I ANIA PIOLIS  STATE A  CLO4-0.559 T  CHOOSE One)  (a) Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  Cotober 15  Quarterly Report (Q3)  January 31  Year-End Report (Q3)  July 21 Michaelection Year Chily (MY)  Report Mon-election Year Chily (MY)  Termination Report (Q1)  Termination Report (Q2)  Covering Period  Coveri	NAME OF COMMITTEE (in full)  TYPE OR PRINT    Example: If typing, type over the lines.  LDI ANIA CHAMBER CONGRESSIONAL ACTION  MMATTIEE  RESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  INDI ANIAPIOLIS  STATE  CITY STATE  3. IS THIS REPORT (N) OR (A)  AMENDED (A)  REPORT (N) OR (A)  AMENDED (A)  April 15  Quarterly Report (Q1)  Quarterly Report (Q1)  Quarterly Report (Q2)  Quarterly Report (Q3)  January 31  General (12Q)  PRE-Election Report (VE)  July 15  Quarterly Report (VE)  April 16  Quarterly Report (VE)  April 17  PRE-Election (Convention (12C)  Special (12S)  Election on  Report for the:  Election on  Covering Period  Covering Period  Tremination Report  Tr	COMMITTEE (in full)  Over the lines.  12FE4MS  ACTION  ACTION	NAME OF COMMITTEE (in full)  IN I ANA CHAMBER CONGRESSIONAL ACTION  Chack different than previously reported. (ACC)  Check different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER V  CITY A  STATE A  CP CODE A  CP CODE A  COunterly Report (C1)  July 15  Quarterly Report (C2)  Quarterly Report (C2)  Quarterly Report (C3)  January 31  Year-End Report (C3)  July 31 Md-Year-End Report (C3)  Covering Period  Covering

# 1036641795

### 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:



2011

To:



38



•			COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a)	Cash on Hand January 1,		86590				
	(b)	Cash on Hand at  Beginning of Reporting Period	GP.690					
	(c)	Total Receipts (from Line 19)		Carrie P.				
	(d)	Subfotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	865.90	<u> </u>				
7.	Tota	al Disbursements (from Line 31)						
8.	Rej	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	805.90	805.90				
9.	the	bts and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)						
10.	the	bts and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	<u> </u>					
	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

# 103064179

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

201 To: Report Covering the Period: From: **COLUMN A COLUMN B** 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)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totale 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 (subtract Line 18(c) from Line 19) ....... ▶

### **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
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Iotal Tills Fellou	Calellual Year-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share	L. m. m. m. M.	
	(ii) Non-Federal Share	M. M	(A)
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶		
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	L	
	Federal Candidates/Committees and Other Political Committees	<b>b</b>	Ø
24.	Independent Expenditures		
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
	(use Schedule F)		
26	Loan Repayments Made		<b>M</b>
20.	Loan nepayments wase		
27.	Loans Made	Ø	0
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Cemmittees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	Ø	$\boldsymbol{\sigma}$
	(200 20100 20(4), (5), 4.12 (5),		
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	L	Larana A
	(") III - 1 II -		
	(ii) "Levin" Share	L. r. n. r. n. r. n. r. n. r.	Lanara na
	(b) Federal Election Activity Paid Entirely With Federal Funds	[ <b>Q</b>	
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Zalos colajtij, colajtij alia colojj		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, W	<b>M</b>
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

38. Net Operating Expenditures

(subtract Line 37 from Line 36) ......

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d)) ..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........ ▶ 37. Offsets to Operating Expenditures (frem Line 15, page 3).....

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	}	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF check only one)			
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 S or for commercial purposes, other than using the	statements ma name and a	ly not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Indiana Chamber (	DMAK	essional Actio	on Committee			
Full Name (Last, First, Middle Initial)	<del></del>	<u> </u>				
۱			Date of Receipt			
Mailing Address	MUM / BUD / TUTULA					
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing		<del>V V V V V </del>	Amount of Each receipt this Ferou			
federal political committee.	C		Larger			
Name of Employer	Occupation					
Receipt For:	Aggregate	Year-te-Date ▼	1			
Primary General		<u> </u>				
Other (specify) ▼	للححد	<u></u>				
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address			Marmi / (Barb) / (Ararara)			
City State		Zip Code				
City	31818	Zip Gode	Amount of Each Receipt this Period			
FEC ID number of contributing	C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
federal political committee.		<u></u>				
Name of Employer	Occupation					
Receipt For:	Aggregate	Year-to-Date ▼	7			
Primary General Other (specify)		· · · · · · · · · · · · · · · · · · ·				
Carrotte (Change)	<u> </u>	<u> </u>	1			
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address			السمين ، (مممممميا			
City	State	Zip Code				
			Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C					
Name of Employer   Occupation						
			_			
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Other (specify) ▼	, n					
SUBTOTAL of Receipts This Page (optional)		······				
TOTAL This Period (last page this line number	only)					
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# SCHEDULE B (FEC Form 3X)

SCIEDULE B (FEC FOIII 3A)	Use separate schedule(s)		INE NUMBER: PAGE OF				
TEMIZED DISBURSEMENTS	for each category of the	(check only one)		24 25	[ <sup></sup> ] 26		
	Detailed Summary Page	27	28a 28b	28c 29	30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used to and address of any political of	by any perso committee to	on for the purpose of solicit contributions	f soliciting contribution such commit	utions Itea.		
NAME OF COMMITTEE (In Full)							
Indiana Chamber	Congressional	<u>Acti</u>	on Comr	nittee			
Full Name (Last, First, Middle Initial)	J = <u></u>		Date of Disbursen				
				nent □ / [Υ···Υ··Υ··Υ··	<b>ν</b> γ-1		
Mailing Address							
City	itate Zip Code		· • • • • • • • • • • • • • • • • • • •				
Purpose of Disbursement		~~~ <u> </u>	i	N. 4			
Candidate Name		Category/	Amount of Each [	Jisbursement this	Period		
Office Sought:   House   Disbursem		Туре	لممم	<u></u>	~		
<u> </u>	nent For:  Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Imitial) 3.			Date of Disburser	nent			
			CMANA / LOAD		ν <b>γ</b> -		
Mailing Address							
City	State Zip Code						
Purpose of Disbursement		~~~	Amount of Park	Nichureamant !!!	Dorie J		
Candidate Name	·	 	Amount of Each [	Disbursement this	reriod		
	١٠	Category/ Type	<u> </u>		<u>~</u> ]		
Office Sought: House Disburser	<u>—</u>				· . <del></del>		
<b>└</b>	Primary ☐ General  Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)	······································						
<b>;.</b>			Date of Disburser				
Mailing Address			M.v.w. \ Lo	, , ,			
City	State Zip Code						
Purpose of Disbursement			Amount of Each	Tighurgamant this	Pariod		
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	- , , , ,	<u> </u>		<u>~</u> ]		
<u> </u>	Primary General						
State: District:	Other (specify)						
SUBTOTAL of Disbursements This Page (optional)		·····		^	~~~		
TOTAL This Period (last page this line number only)	1)2						
TOTAL THIS FORDU (IAST PAGE THIS TIME NUMBER ONLY)			<u> </u>		محسميا		

CHEDULE C (FEC Form 3X)					
OANS		Use separate schedule(s) for each category of the	PAGE OF		
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full)  IN IGNA CLASS (Last, First, Minus)  Mailing Address	Congresidate Initial)	ssional Actio	n Committee  Election:  Primary  General  Other (specify)		
City	State ZIP Cod				
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Period		
Date Incurred  Date Incurred	Date Due	Interest Rate	Secured:  """ Yes " No		
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Guaranteed	<u></u>		
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:	<u></u>		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·		
City State	ZIP Code	Amount Guaranteed Outstanding:			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only)......

### SCHEDULE C-1 (FEC Form 3X)

### LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee  LENDING INSTITUTION (LENDER) Full Name  Mailing Address  Date Incurred or Established	597 APR) %
Full Name  Mailing Address  Mailing Address	<b>%</b>
Mailing Address  Mailing Address	~% * '
(MrvM) / Level	II
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, geods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  No Yes If yes, specify:  Does the lender have a perfect	
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:	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	
Date account established:  Address:	Ī
Mrw) \ Larararal	
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 the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.	or exceed
G. COMMITTEE TREASURER DATE	
Typed Name Signature	<del></del>
H. Attach a signed copy of the loan agreement.	
<ul> <li>I. TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of are accurate as stated above.</li> <li>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those in</li> </ul>	l
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 complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.	-
AUTHORIZED REPRESENTATIVE  DATE	
Typed Name	~~~~~

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

Excluding Loans				r each ered line)	(check only one)	9	
NAME OF COMMITTEE	•						
Indiana C	namber Cono	vessional Action	on C	<u>ommi</u>	the		
A. Full Name (Last	t, First, Middle Initial) of Debit	or Creditor ·	į	Nature of D	ebt (Purpose):		
	A-A						
Mailing Address							
City State		Zip Code					
	nce Beginning This Period						
Amount In	ncurred This Period	Payment This Period			ng Balance at Close o		
						{}	
B. Full Name (Last,	First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):		
Mailing Address	Mailing Address						
City State		Zip Code					
Outstanding Bala	nce Beginning This Period						
	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close o	f This Period	
			٠٠-				
			الساسي				
C. Full Name (Las	t, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):		
Mailing Address							
		7: 0.4					
City		State Zip Code					
Outstanding Bala	ance Beginning This Period						
Amount I	ncurred This Period	Payment This Period		Outstandi	ng Balance at Close o	f This Period	
			~• <u>~</u>				
4) 000000000000000000000000000000000000						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
I) SUBTOTALS This	reriod inis rage (optional)		······ <u></u>				
2) TOTALS This Peri	od (last page this line numbe	or only)	····· <b>&gt;</b>				
3) TOTAL OUTSTAN	DING LOANS from Schedule	C (last page only)					
4) ADD 2) and 3) an	d carry forward to appropriate	e line of Summary Page (last page of	only) ▶			r	

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

LIMIZED MODEL ENDERT EAT ENDITORIES	FOR LINE 24 OF FORM 3X				
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
ndiana Chamber Congressional Action Committee					
Check if 24-hour notice 48-hour notice	C 004-05597				
Full Name (Last, Firet, Middle Initial) of Payee	Date				
the same (case) and a same same same same same same same sa					
Mailing Address					
Maining Address	Amount				
City State Zip Code	Amount				
City State Zip Code					
Purpose of Expenditure Category	Office Sought: House State:				
Purpose of Expenditure  Category/ Type	Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
1	Check One: Support Oppose				
Colondar Voor To Data Par Florting	Disbursement For: Primary General				
Calendar Year-To-Date Per Election for Office Sought	Other (specify)				
Full Name (Last, First, Middle Initial) of Payer	Date				
Tan tang (2005) That, teleplate initially of Tayani					
Mailing Address					
Mailing Address	Amount				
City State Zip Code	Amount				
City State Zip Code					
Purpose of Expenditure	Office Sought: House State:				
Purpose of Expenditure Category/ Type	Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———				
The state of the s	Check One: Support Oppose				
	Dishusanan Fau Diman. Canad				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General				
tor Office Sought	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(h) CURTOTAL of the base of the decoration of the control of the c					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(4) FOIAL Indepondent Experience					
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.					
	[ <u></u>				
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

PAGE OF (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) Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES \_\_ NO If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE H1 (FEC Form 3X)

### **METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)				
Indiana Chamber Congressional Action Committee  USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
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				

# S

CHEDULE H2 (FEC Form 3X)							
LLOCATION RATIOS		PAGE OF					
AME OF COMMITTEE (In Full)  Indiana Chamber Compressional Action Committee  ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  CTIVITIES APPEARING ON THIS REPORT.							
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 er voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to e political party. Such expenses are allocated using a time/space method.							
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %					
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<b></b> %	<u> </u>					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising  Direct Candidate Support	FEDERAL %	NONFEDERAL %					
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	<b>%</b>					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u> </u>	<b>%</b>					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<b>%</b>	<b>%</b>					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS:    Fundraising   Direct Candidate Support	<b></b> %	<b>%</b>					

Same as Previously Reported

New

Revised

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

PAGE	OF
FOR LINE	18a OF FORM 3X

NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressi	ional Action Committee
NAME OF ACCOUNT DATE OF	RECEIPT TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED	
i) Total Administrative	
	<u> </u>
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
[m-v=-v	
a)	
b)	
-/	\[ \langle \la
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identific	er)
a)	
b)	
c) Total Amount Transferred For Direct Candidate Suppo	rt
vi) Public Communications Referring Only to Party (Mad	le by PAC)
TOTALS FOR BREAK	DOWN OF TRANSFER RECEIVED
Total This Body & Marketon & Co.	
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 P	arty)
TOTAL This Period (Total Amount Transferred)	

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF
EOD LINE S	HA OF FORM SY

NA W	AME OF COMMITTEE (In Full) Liana Chamber Congressional Action Comp	nitte
Ă.	Full Name (Last, First, Middle Initial)	Allocated Activity of Everit.
	Mailing Address	Administrative Fundraising Exempt
		☐ Voter Drive ☐ Direct Candidate Support
	City State Zip Code	Public Comm (real to party only) by PAC
	Purpose of Disbursement:	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:  Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	Mallion Address	Administrative Fundraising Exempt
	Mailing Address	Voter Drive Direct Candidate Support
	City State Zip Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	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:  Administrative Fundraising Exempt
	Mailing Address	☐ Voter Drive ☐ Direct Candidate Support
	City State Zip Code	Public Comm (ref to party only) by PAC
	Purpose of Dishursement:	Allocated Activity or Event Year-To-Date
	Pulpose of Dispulsement.	
	Activity or Event Identifier:  Category/	(MAN) (LAAAAAA)
	Туре	Date
	FEDERAL SHARE + NONFEDERAL SHARE	TOTAL AMOUNT
SI	UBTOTAL of Allocated Federal and NonFederal Activity This Page	TOTAL AMOUNT
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal s FEDERAL SHARE NONFEDERAL SHARE	hare to 21(a)(ii)) TOTAL AMOUNT
	Language Language	

### 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)

PAGE OF FOR LINE 18b OF FORM 3X

				FOR LINE 186 OF FORM 3X
	MMITTEE (In Full)			•
ndiana	a Chamber Con	ovessional	Action (	mmitte
NAME OF A		DATE OF RECEIPT	1,0,0,100	TOTAL AMOUNT TRANSFERRED
			<u>/ [[Y] Y] Y]                            </u>	
<del></del>				
BREAKDOV	VN OF THIS TRANSFER			
i)	Voter Registration		VOTER REGISTR	
''	Total Amount Transferred for Voter	Registration		
	Total Allibuit Transferred for Voter	negistration	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
ii)	Voter ID			OTER ID
•	Total Amount Transferred for Voter	ID		
				GOTV
iii)	GOTV		[ <del></del>	<del>~~~~~~~~~~</del>
	Total Amount Transferred for GOT	V		- <del>y</del>
				GENERIC CAMPAIGN ACTIVITY
IV)	Generic Campaign Activity	rie Compaign Activity		
	Total Amount Transferred for Gene	and Campaign Activity		
NAME OF A	COCUNT	L DATE OF DECEMPT		TOTAL ANGUNIT TRANSCEPOED
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		(M-2-M-)	\ \LANANAJ	
			السحسحسا	
BREAKDOV	VN OF THIS TRANSFER			•
			VOTER REGISTR	RATION
IJ	Voter Registration		<del></del>	
	Total Amount Transferred for Voter	r Hegistration		
in	Voter ID		V	OTER ID
•-,	Total Amount Transferred for Voter	r ID		
iii)	GOTV		<del></del>	GOTV
	Total Amount Transferred for GOT	V		
				GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity			
	Total Amount Transferred for Gene	eric Campaign Activity	·····	
	TOTALS FOR BR	EAKDOWN OF TRANS	SFER RECEIVED (L	ast Page Only)
TOTAL	L This Period (Voter Registration)			
	,	<u> </u>		
TOTAL	L This Period (Voter ID)			
IUIAI	- 11119 FOILUG (VUIDI IL)		L	
			السمسم	<del>~~~~~~~~~</del>
TOTA	L This Period (GOTV)		<u>L</u>	<u></u>
			[F	
TOTAL	L This Period (Generic Campaign A	ctivity)		
		•	Ľ <del></del>	
TOTAL	L This Period (Total Amount of Trar	sters Received)		
	i died (ideal / little in die i			

# 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)

PAGI	=		OF		
FOR	LINE	30a	OF	FORM	зх

AME 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:			
	Voter Registration GOTV Voter ID Generic Campaign			
	Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement	الممممميا) ، (لممممما) ،			
Category/	Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
	Voter Registration GOTV Voter ID Generic Campaign			
	Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement	العممار العمقا ، المممما			
Category/	Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
C. 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				
Purpose of Disbursement Cetagory	السمسا، لعمما، لمممرما			
Category/	Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
	(1)			
SUBTOTAL of Shared Federal and Levin Activity This Page				
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
SUBTOTAL of Shared Federal and Levin Activity This Page				
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE				
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE				
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	o 30(a)(ii))			
FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE  LEVIN SHARE	o 30(a)(ii))  TOTAL AMOUNT			
FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	o 30(a)(ii))  TOTAL AMOUNT			

### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAME OF COMMITTEE (In Full)  Indiana Chamber Obnakessional 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. e	TOTAL DISBURSEMENTS				
6. 	(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)				

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

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

٠.			
OR LINE NUMBER: check only one)	1a	· [	]2

PAGE

OF

F 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 ecrimitate to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Action Committee Indiana Chamber Full Name (Last, First, Middle Initial) / Full Organization Name **Mailing Address** Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date and the second second Осс<del>прато</del>п Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. **Mailing Address** Amount of Each Receipt this Period City State Zip Code The second secon 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 C. **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 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailinn Address Amount of Each Receipt this Period City State Zip Code 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).....

### SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

FOR LINE NUMBER:		PAG	E	(	OF	
(check only one)		4a		4c		5
		4b		4d		

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may n or for commercial purposes, other than using the name and addre	ot be sold or used by any person ass of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congres	scional Action	Committee
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
		MINI / BIBN / VOVEVEY
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		
3.		Date of Disbursement
Mailing Address		Maw / Dad / Asadasa
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Dishurana
u.		Date of Disbursement
Mailing Address		, , , , , , , , , , , , , , , , , , , ,
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disharman
u.		Date of Disbursement
Mailing Address		, , , , , , , , , , , , , , , , , , , ,
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name		
Е.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	
TOTAL This Period (last page this line number only)		3 0 00 0 0 0 0 0 0

(3/2005)

### **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Fed Ex 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): DATE PREPARED