FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 OCT 22 AM 9: 49

1. NAME OF COMMITTEE (in full)

2018 - 10 - 22 - 05 - 00240815

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

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[] [N]	PIIAINA	1C H H H M	18 15 1K	16101	<u> </u>	\$151(10	$N H V_{\perp}$	14 C ₁ 9]	1 0 1		
<u>C</u> 101	MMITITIE	1E		لـلـلـــ		1.11		لــــــــــــــــــــــــــــــــــــــ			11-1-1
	ESS (number and s	street)	11151	WI IWI	AISHIII	NIGITIO	N 151T	الماحلة	ITIE	8151015	
П	Check if differe					<u> </u>		لللل			
H	than previously reported. (ACC) لد	MALL	AINIAL	P1016111	5 1 1		ווא	4,6,	204-	-
2. F	EC IDENTIFICAT	ION NUMB	ER 🔻		CITY A			STATE	<u> </u>	ZIP CO	DE 🛦
	C0040	5.5.9	7	;	3. IS THIS REPORT	X	NEW (N) OF	. 0	AMENDE (A)	D	
	YPE OF REPO	RT	(b) Monthly		Feb 20 (M2)		May 20 (M	5)	Aug 20 (M8) [Nov 20 (M11) (Non-Election Year Only)
(a		te	Due O	n:	Mar 20 (M3)		Jun 20 (M6	5) [Sep 20 (M9) [Dec 20 (M12) (Non-Election
(a		15.			Apr 20 (M4)	П	Jul 20 (M7) <u> </u>	Oct 20 (M1	0)	Year Only) Jan 31 (YE)
	April 15 Quarterly F	Report (Q1)	(c) 12		П	Primary (1:	 2P)	☑ G	eneral (12G)	П	Runoff (12R)
	July 15 Quarterly F	Report (Q2)	1	RE-Election	7-1	Convention	ı (12C)		pecial (12S)		
	October 15 Quarterly F	i Report (Q3)									
	January 31 Year-End F	Report (YE)		E	lection on		/ 6 6			in the State o	of
	July 31 Mi Report (No Year Only)	n-election	Р	D-Day OST-Electi eport for the state of th		General (3	0G)	R	unoff (30R)		Special (30S)
	Termination (TER)	n Report		•	lection on	м м	/ 0 0	/ **	Y • Y	in the State o	of
5. C	overing Period	1 0	0 1	20	1 8	through		W / B		018	
	y that I have exa		leport and		10	wledge and	d belief it is	true, corre	ect and comp	lete.	
Туре	or Print Name of	Treasurer _	10t	+ 17	antly	<u> </u>					
Signat	ture of Treasurer	Jel	1/5	enf		·		Date	10	/)	2018
NOTE	: Submission of fal-	se, erroneous	s, or incom	plete infor	mation may s	ubject the p	erson signing	g this Repo	ort to the pena	alties of 52	U.S.C. § 30109.
L	Office Use Only					<u> </u>			FE	C FOR Rev. 05/2	

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

1		FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	- Page 2
٧	/rite	or Type Committee Name	Congressional Action	Connittee
R	epor	t Covering the Period: From:	10 01 2018	To: 10 17 2018
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, Zo (8)		14,251,90
	(b)	Cash on Hand at Beginning of Reporting Period	-, 1,3,9,2,6,9,0	
	(c)	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)	13,926,90	1,4,251,90
7.	Tota	al Disbursements (from Line 31)	<i>p</i>	325 <u>0</u> 00
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	1,3,926,90	, (3,926,90
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	ϕ	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)		
_]	This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
_			For further information contact:	
			Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
			Toll Free 800-424-9530 Local 202-694-1100	÷ •

$\mathbf{AQH}\otimes \mathbf{AQ} = \mathbf{AQ} + \mathbf{QQ} + \mathbf{AQQ} \otimes \mathbf{AQ} + \mathbf{AQQ} \otimes \mathbf{AQQ}$

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Committee (Ongressional 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) Unitemized (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 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope	erating Expenditures:	TOTAL THIS PERIOR	Caleffual feat-to-Date
(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		Ø
	() Todoral Gridio	7	27 47 47
	(ii) Non-Federal Share		<i>*</i>
(p)	Other Federal Operating Expenditures	<i>//</i>	(1)
(c)		7° 1 2° 1 5° 4	
(0)	(add 21(a)(i), (a)(ii), and (b))		M
22. Trai	nsfers to Affiliated/Other Party	7 7	
Сол	nmittees		
23. Con Fed	ntributions to deral Candidates/Committees		
	Other Political Committees		
	ependent Expenditures		<i>x</i>
use) 25. Cod	e Schedule E) ordinated Party Expenditures	9	
(52	U.S.C. § 30116(d)) e Schedule F)	A	
(use	e Schedule F)		
26 loa	an Repayments Made		d
_0. <u></u> 0a	ar riopaymonto wado	5 5 5 A	<u> </u>
27. Loa	ans Made		0
28. Ref	funds of Contributions To: Individuals/Persons Other	72 4 47 47 47	45 45 45
(a)	Than Political Committees	1	0
			7 7 7
(b)	Political Party Committees	0	
(c)	Other Political Committees		
	(such as PACs)		Q
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	5 5 A	<u> </u>
29. Oth	ner Disbursements (Including		
Nor	n-Federal Donations)	\mathcal{O}	
	<u> </u>		47. 43. 4
	deral Election Activity (52 U.S.C. § 30101(20	D))	
(a)	Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		A
	(i) Federal Griare		
	(ii) "Levin" Share	<i>x</i>	1
(b)			<u> </u>
` ,	Entirely With Federal Funds		Ø
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	<u> </u>	
21 Total	al Disbursements (add Lines 21(c), 22,	/	7
	24, 25, 26, 27, 28(d), 29 and 30(c))	· · · · · · · · · · · · · · · · · · ·	
20,	27, 20, 20, 21, 20(0), 23 and 30(0))		325,00
32. Tota	al Federal Disbursements	···	
(sul	btract Line 21(a)(ii) and Line 30(a)(ii)		
-	m Line 31)	h	32500
	·		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

DETAILED SUMMARY PAGE

of Disbursements

Page 5

_	FEC Form 3X (Rev. 05/2016)		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)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	φ	, , , , , , , , , , , , , , , , , , ,

AC or	ny information copied from such Reports a for commercial purposes, other than using	nd Statements may not be sold or used by any peg the name and address of any political committee	erson for the purpose of soliciting contribution e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Indiana (hander	Congressional Action	Committee
Α.	Full Name of Individual (Last, First, Middl	e Initial) or Full Organization Name	Date of Receipt
~.	Mailing Address		
	City	State Zip Code	
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary]
— В.	Full Name of Individual (Last, First, Middl	e Initial) or Full Organization Name	Date of Receipt
	Mailing Address		M M / O O / / Y O A O /
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Amount of Each Frederic this Fellow
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		
	Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Sate of Bossiat
C.	Mailing Address		Oate of Receipt
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	c	Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
		Occupation (tol mulvidual)	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
			• •

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

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Other (specify)

FOR LINE NUMBER:

11b

14

(check only one)

11a

13

Use separate schedule(s)

for each category of the

Detailed Summary Page

PAGE

11c

15

OF

12

16

TEMIZED DIS	BURSEMENT	for ea	separate schedule(s) ach category of the	(chec	k only o	one) 22	☐ 23	_] 26	27
		Detaile	ed Summary Page		28a	28b	280	<u>;</u>	29	30ь
Any information copie or for commercial pur										
NAME OF SOMMI		<u></u>								•
Indiana	Mante	Congres	isional A	ction	6	om;	ttee			·
Full Name (Last, F	irst Middle Initial)						Disbur		nt	
Mailing Address						M • M	֓֞֞֞֞֞֜֞֞֓֓֓֞֞֜֞֜֞֞֞֜֞֞֞֞֞֞֓֓֓֞֞֞֜֞֞֞֞֓֡֓֡֡֡֡֡֡֡֡		Ľ	
City		State	Zip Code			FEC Id	entificati	on N	umber	
Purpose of Disburs	sement			<u></u>	7	C				
Candidate Name				Categor Type	γ/	Amoun	of Eac	h Dis	bursem	nent this Pe
Office Sought:	House Senate President	Disbursement For Primery							-5 7	<u> </u>
State:	District:		Decemy, V			Me	mo Item	1 		
Full Name (Last, F	irst, Middle Initial)					Date o	Disbur	seme	nt	
Mailing Address						M	ا ′ ا	В	Ľ	
City		State	Zip Code			FEC Id	entificati	ion N	umber	
Purpose of Disburs	sement			7	7	C		· ·		
Candidate Name				Categor Type	₹	Amoun	of Eac	h Dis	bursem	nent this Pe
Office Sought:	House Senate	Disbursement For Primary			eg	L		· ·	75	
State:	President District:	Other (s	l			Ме	mo Item	1		
Full Name (Last, F		<u> </u>				- +				
C.						Date of	Disbur	seme	nt Ly r v	~~~~
Mailing Address] //		L	
City		State	Zip Code			FEC Id	entificat	Whoi	umber	
Purpose of Disburs	sement				7	C		. .\	/_	
Candidate Name				Categor Type	ry/	Amoun	t of Eac	h Dis	bursen	ent this Pe
Office Sought:	House Senate President	Disbursement For	General							
	Litealdelit		specify) ▼		ı	I Me	mo Iten	•		•

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

Use separate schedule(s)

SCHEDULE B (FEC Form 3X)

PAGE

FOR LINE NUMBER:

CHEDULE C (FEC FO	orm 3X)			
DANS			Use separate schedule(s) for each category of the	PAGE OF
			Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)				
Dadique (19	mber Co	10gressions/	Action Connittee	
LOAN SQURCE Full Name			☐ Memo Item El	ection:
				Primary General
Mailing Address				Other (specify) ▼
City		State ZIP (Code	
Original Amount of Loan		Cumulative Payment	To Date Balance	Outstanding at Close of This Period
TERMS	_			
Date Incurred	~~~~~~	Date Du	e Interest Rate	Secured:
				% (apr)Yes No
List All Endorsers or Guara	ntors (if anv) to	Loan Source		
1. Full Name (Last, First, Mid			Name of Employer	<u> </u>
Mailing Address			Occupation	
City	State	ZIP Code	Amount	· · · · · · · · · · · · · · · · · · ·
			Guaranteed Outstanding:	
2. Full Name (Last, First, Mid	idle Initial)	`	Name of Employer	
Mailing Address			Ocupation	
• •			Salahaman	
City	State	ZIP Code	Amount Guaranteed	
2 Full Name /Last First Mic	Idle Initial)		Outstanding	
3. Full Name (Last, First, Mic	idie initial)		Name of Employer	
Mailing Address		 -	Occupation	
		- 		
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address	**			
Ivialing Address			Occupation	
City	State	ZIP Code	Amount	~~~
		<u></u>	Guaranteed Outstanding:	
UBTOTALS This Period This I	Page (optional).			
OTALS This Period (last page	in this line only)	L	\ 1

SCHEDULE C-1 (FEC Form 3X)	•	Supplementary for				
LOANS AND LINES OF CREDIT FROM LE	NDING INSTITUTIONS	Information found on				
Federal Election Commission, Washington, D.C. 20463		Page of Schedule C				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER				
		Corrections of the control of the co				
Indiana Chamber Congressional A	ction Committees	Clo.o.4.0.5.5.9.7				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
Full Name						
\	Lands of Sandard Sandards Alexandra	4				
Mailing Address		Mam / Dod / Travara				
	Date Incurred or Established					
City State Zip Code		Waw \ DRD \ ASSASS				
	Date Due					
A. Has loan been restructured? No Yes	If yes, date originally incurred	Man / Dodo / Vavavava				
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:	and and to the state of the sta				
C. Are other parties secondarily liable for the debt incurre	d?					
No Yes (Endorsers and guarantors mu	st be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the lo		is the value of this collateral?				
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,					
	Similar traditional collateral?	oandinasi) imribumidismid) Suashametismid Suashamet				
No Yes If yes, specify:	Does	the lender have a perfected security				
		est in it? No Yes				
E. Are any future contributions or future receipts of intere	st income, pledged as What	is the estimated value?				
collateral for the loan? No Yes If yes, s	pecify:	and the second transference from the transference of the second transference of the second				
		and the state of t				
	Location of account:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	200dilon of account.					
Date account established:	Address:					
Many / Dady / Torry						
	City, State, Zip:					
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	pledged for this loan, or it the amount was made and the basis on which it	nt pledged does not equal or exceed assures repayment.				
G. COMMITTEE TREASURER						
Typed Name	. [\sqrt{}]	DATE				
Signature		M M / D D / V TV TV TV				
	i i	the state of the s				
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION:						
To the best of this institution's knowledge, the ter 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	h assures repayment, and has				
complied with the requirements set forth at 11 CF	~~~~~~~~~~~ ~~ ~~~~~~~~~~~~~~~~~~~~~~~					
AUTHORIZED REPRESENTATIVE Typed Name		ATE				
	1 17	M. D. D. D. V. A.				

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE (OF)
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMINTEE (In Full)		10
Indiana Chamber Congressional Action	n Committee	·
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address		
Maining Address		
City State Zip Cod	de	
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This	Period Outstandie	ng Balance at Close of This Period
and the state of t		
		- Nachard Sandard Sandard
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
St. Fall France (2224) Front material minutes of 2004 of 2004 at 1	Traisio of S	ost (i diposo).
\		
Mailing Address		
City State Zip Coo	de	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This	and the second	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	abt (Purpose):
Mailing Address		
City State Zip Coc	<u></u>	
City State Zip Coc	16	
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This	Period Outstandir	ng Balance at Close of This Period
		The state of the s
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 (la	st page only)▶	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURE:	S	,	PAGE OF
·			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Con	gression /	Action Commi	C00,4,0,5,5,9,7
Check if 24-hour report 48-hour report	New rep		MUMI / DID / YYYY
Full Name of Payee		☐ Memo	
\			MAM / DAD / YEYEY
Mailing Address			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M M / D D / V V V V V
Name of Federal Candidate:		Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	
A4-19 Address	$\overline{}$		Maw (D D (A LA CARA
Mailing Address	`		Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M M / D D / Y V V V
Name of Federal Candidate:		Support Oppose	Office Sought: House District:
			President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		
(b) SUBTOTAL of Unitemized Independent Expendit	tures		

Simusia	The state of the s			Uner (specify) ►
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	$\overline{}$	·		Wawall
Mailing Address				Amount
				termetranstranstranstranstranstranstranstrans
City	State	Zip Code		
	<u> </u>			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		MAM / D.D / VVVV
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	Z_	President Senate State:
Per Flection for Office Sought			Disbu	resement For: Primary General
less Acade				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independently with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent o	not ma	nde in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Signature		_ Date	M	M \ Dad \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			-	FEC Schedule E (Form 3X) Rev. 05/2016

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

ON BEHALF OF CANDIDATES FOR FEI	DERAL OFFICE	•	ĺ	PAGE OF
(To be used onl	y by Political Comm	nittees in the Gene	eral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congres	Full Name of Subo	glas Co.	umittee	
Has your committee been designated to make	Full Name of Subo	rdinate Committee		
coordinated expenditures by a political party committee?				
YES NO				
If YES, name the designating committee:	Mailing Address			
	City		Stat	e ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure
Mailing Address				Category/ Type
Walling Address			Date	
City State	Zip Code		Mam / D	** D
Name of Federal Candidate Supported Office Sour	 			
Name of Federal Candidate Supported Office Sough	ht: House Senate	State:	Amount	
	Presidential	District.		
Aggregate General Election	A DE BEE		in Come Land Time	Alexandra Viscolia and India Complete of
Expenditure for this Candidate	2			
Full Name (Last, First, Middle Initial) of Each Payee			Durage of Evan	- ditura
Full Name (Last, First, Middle Initial) of Each Fayee		☐ Memo Item	Purpose of Expe	noiture
				Category/
Mailing Address				Туре
City State	Zin Corto	$\overline{}$	Date	
	Zip Code		M J M / D	TO / Y FY AY FY
Name of Federal Candidate Supported Office Soug	ht: House	State:	Amount	
	Senate	District:	harles de character de characte	
	Presidential	i .	La dimension Time	# - 1 - 75 - 2 1 - T
Aggregate General Election Expenditure for this Candidate		34 20 20 20 20 20 20 20 20 20 20 20 20 20		
Contract Con				
Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	nditure
Mailing Address				Category/ Type-
			Date	
City	Zip Code		INSW 1 D	10 10 1000
Name of Federal Candidate Supported Office Soug	tht: House	l Ctata:		
Office Soug	Senate	State:	Amount	
	Presidential			
Aggregate General Election	Carporday land		harmlandar 75m	And Trade of the Control of the Cont
Expenditure for this Candidate	/			
SUBTOTAL of Expenditures This Page (optional)		·····		
TOTAL This Period (last page this line number and the				
TOTAL This Period (last page this line number only)		•••••••••••••••••••••••••••••••••••••••	73.	

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 RUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
Indiana Chanter 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				
B. Separate Segregated Funds and Nonconnected Committees				
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below				
Indicate ratio below				
Indicate ratio below Federal				
Indicate ratio below Federal				
Indicate ratio below Federal				

SCHEDULE H2 (FEC Form 3X)	•	· · · · · · · · · · · · · · · · · · ·
ALLOCATION RATIOS	1	PAGE OF
NAME OF COMMITTEE (In Full) Indigua Chamber Congressional Action	Comittee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	1
Methods of allocation:		
I. FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised.	hod" where the federal pro	oportion of
Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit thity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	- %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONEEDERAL 9/
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED

F	EDERAL/NONFEDERAL ACTIVITY		FOR LINE 21a OF FORM 3X
N	AME OF, COMMITTEE (In Full)	^	
	Indiana Chamber Congressions Heting	Connitte	2
A.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1	Allocated Activity or Event Year-To-Date
	Tulpose of Disburscine III.		
	Activity or Event Identifier:		
	Anna, a Zam Amar	Category/	May 1 Dag 1 A A A A A
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
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 3.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1	Allocated Activity or Event Year-To-Date
	Talpool of Bibbliomenia	- Compression	
	Activity or Event Identifier:	bear de ser la const	land the land to the land the street
		Category/	MEN / DIO / YUYUY
	· · · · · · · · · · · · · · · · · · ·	Туре	Date Landson Landson
	FEDERAL SHARE + NONFEDERAL	1	= TOTAL AMOUNT
		A fallowing and an	
) .	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	Secure Secured	Andrated Activity of Event Teal-10-Date
	Activity or Event Identifier:		
		Category/ Type	Date
			Security Sec
	FEDERAL SHARE + NONFEDERAL		TOTAL AMOUNT
_			
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
		and a second	
T/	TAL This Period (last page for each line only)(Federal share to 21(a)(i) and		Pro to 21(2)(ii)
	FEDERAL SHARE NONFEDERAL		TOTAL AMOUNT
	TOTAL STATE OF THE		
	AT CAST COST A STATE OF THE STA	-1-1-1-L	

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ALLOCATED FEDERAL / NONFEDE

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Gambar Congression Action Committee NAME OF ACCOUNT DATE OF RECEIPT TO	
NAME OF ACCOUNT DATE OF RECEIPT TO MOM / DOD / VOYEYOY	OTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED I) Total Administrative	
II) Generic Voter Drive	
iii) Exempt Activities	
a)	
b)	
c) Total Amount Transferred For Direct Fundraising	Luci Parathematica Parathematica Commit
a)	
b)	and the contraction of the contr
l N	alema Panana de a Panana gana gana gana gana gana gana
vi) Public Communications Referring Only to Party (Made by PAC)	And The Control of th
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)	

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)

	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congression Hetion Comm	ittee
	OTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	
VOTER REGISTRATION	
Total Amount Transferred for Voter Registration	
VOTER II	
ii) Voter D	
Total Amount Transferred for Voter ID	
lil) GOTV	GOTV
Total Amount Transferred for GOTV	Control of the contro
Marie	ENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	
NAME OF ACCOUNT DATE OF RECEIPT 1	COTAL AMOUNT TO ANOTED DED
MAINE OF ACCOUNT	OTAL AMOUNT TRANSFERRED
Remarkantist Remarkantist Remarkantist Remarkantist	Act Standard In Standard Control
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTRATION	
Total Amount Transferred for Voter Registration	
VOTER IC	
ii) Voter ID Total Amount Transferred for Voter ID	The state of the s
Iotal Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
G)	NERIC CAMPAIGN ACTIVITY
Iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	
Total Amount Transletted for deficite Campaign Activity	
TOTAL C FOR REPAYDOWN OF TRANSFER RECEIVED (I see Page	- 0-14
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Pag	e Only)
the state of the s	
TOTAL This Period (Voter Registration)	
the control of the co	the state of the s
TOTAL This Period (Voter ID)	
Frank Company of the	THE PERSON NAMED IN THE PE
TOTAL This Period (GOTV)	
Assemble Conference of the Con	And the same of th
TOTAL This Period (Generic Campaign Activity)	-72-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Fig.	
TOTAL This Period (Total Amount of Transfers Received)	
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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	1	OF	(
FOR LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full). Indiana Chamber	Caraciani	Action /	Consists an
1901ana Cranos	CUNGTESSIONS		
A. Full Name (Last, First, Middle Initial) /	Full Organization Name	Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date
City	tate Zip Code		
Purpose of Disbursement		Category/ Type	Date / / / / / / / / / / / / / / / / / / /
FEDERAL SHARE	+ LEVIN SH		= TOTAL AMOUNT
77	and and and another the second		
B. Full Name (Last, First, Middle Initial)	Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event:
			Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date
City	tate Zip Code		Sandant San Stratement San
Purpose of Disbursement		Category/ Type	Date / DVD / VVVV
FEDERAL SHARE	+ LEVIN SH	ARE.	= TOTAL AMOUNT
Control of	1	en james	Consideration of the conference of the conferenc
C. Full Name (Last, First, Middle Initial) / I	Full Organization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date
City	ate Zip Code		
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE	+ LEVIN SHA	ARE	= TOTAL AMOUNT
	7		
SUBTOTAL of Shared Federal and Levin Acti	vity This Page		
FEDERAL SHARE	+ LEVIN SHA	ARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line of	nly)(Federal share to 30(a)(i) and	Levin share to	30(a)(ii))
FEDERAL SHARE			TOTAL AMOUNT
	LEVIN SHA	7BE	
TOTAL This Period for the Louis Share	CEALLA OLLY	and the state of t	herandonedas vi 7 invalorendoned 7 invalorend (1 invalorendoned 1 invalorendoned 1 invalorendoned 1 invalorend
TOTAL This Period for the Levin Share	<u> </u>		FEC Schedule H6 (Form 3Y) Boy 05/2016

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)						
Indiana Chamber Congressional Action Committee							
NAME OF ACCOUNT							
		T					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS						
	(a) Itemized(Use Schedule L-A)						
	(b) Uniternized						
	(a) Total						
	(c) Total						
2.	OTHER RECEIPTS						
3.	TOTAL RECEIPTS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	(Add Lines 1c and 2)		BUT SOME LESS AND SOME AT SOME				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration						
	(-,						
	(b) Voter ID						
		and the second s					
	(c) GOTV						
	(d) Generic Campaign						
			No. of the last of				
	(e) Total		Constitution of the Consti				
	!						
5.	OTHER DISBURSEMENTS		\$ 5 72 de 4 72 de 1 50 B				
6.	TOTAL DISBURSEMENTS		1				
U.							
			haye e a a a a a a a				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)						
	,						
8.	RECEIPTS						
	(from Line 3)		Consideration of the second of				
9.	SUBTOTAL						
	(Add Lines 7 and 8)						
10.	DISBURSEMENTS	:	8 3 3 3 1 1 1				
	(From Line 6)						
11.	ENDING CASH ON HAND						
11.	(Subtract Line 10 From Line 9)						

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SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s) **ITEMIZED RECEIPTS OF LEVIN FUNDS** for each category of the FOR LINE NUMBER: Aggregation Page (check only one) 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) Ong-255,000 ommittee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [] Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code City Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Memo Item Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name [Memo Item Date of Receipt Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMB	ER:	PAG	E	j	OF	\perp
(check only one)		1a		4c	Ė	5
		1h	1	∆ d		

of Levin Funds		Aggrega	tion Page	4b 4d			
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) Indian Chamber Co Full Name (Last, First, Middle Initial) / Full Organization	~ 01191+55	ions	Action C	ounittee			
Full Name (Last, First, Middle Initial) / Full Orga A.	nization Nam	е	☐ Memo Item	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 Orga	nization Name	е	☐ Memo Item	Date of Disbursement			
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City	State	Zip Code		Amount of Each Disbursement this Period			
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Full Name (Last, First, Middle Initial) / Full Orga	nization Name	9	☐ Memo Item	Date of Disbursement			
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Full Name (Last, First, Middle Initial) / Full Organ	nization Name)	☐ Memo Item	Date of Disbursement			
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Full Name (Last, First, Middle Initial) / Full Organ	ization Name		☐ Memo Item	Date of Disbursement			
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Purpose of Disbursement		·		A P 772 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SUBTOTAL of Disbursements This Page (optional).	,	••••••	>				
TOTAL This Period (last page this line number only	·)	•••••					

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Seturday Delivery NOT evelebil Dry Ice Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details. Enter FedEx Acct. No. or Credit Card No. below. Saturday Delivery Not ornilodio for fedex Stendard Overnigh, Fedex 20ey A.M., or Fedex Expross Sever To most locations Yes Yes As per attached Shipper's Doctaretion art required. Assitictions apply for dangerous goods --- see the curront FedEx Service Guide. Rev. Date 5/15 • Pert #163134 • @1994-2015 FedEx • PRINTED IN U.S.A. SRA Does this shipment contain dangerous goods? FedEx Pak* 5 Packaging Declared value limit 5500. Express Package Service FedEx Priority Overnight Next business morning, "Friday shipments will be delivered on Monday unless Seturday Delivery One box must be checked. FedEx First Overnight
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FLD+X	Shipping Date
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):	eceipt or Postmarked
af	10-22-18
PREPARER (3/2015)	DATE PREPARED