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FEC FORM 3X

Rev. 12/2004

FEC FORM 3X

Office

Use

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_			TOT OTHER T	nan An Addionzo				Office Us	e Only	
1.	NAME (COMMI	OF TTEE (in full)	TYPE OR PRI		ample: If type er the lines.	oing, type	12FE4M			
	NDI	ANA CH	AMBER	CONGRE	SS 10	NIAL I	ICTIC	<u> </u>	<u> </u>	<u> </u>
C	MMO	ITTEE		<u> </u>		<u> </u>	<u> </u>			<u>: </u>
AD!	ORESS (number and street)		WEST WA	SH LN	GTID:N:	STRE	E 7	<u> </u>	<u> </u>
	tha	eck if different in previously ported. (ACC)		e 8505 Ana Poli	<u> </u>		IN	462	041-	
2.	FEC ID	ENTIFICATION N	UMBER ▼	CITY ▲			STATE A	:	ZIP COI	DE 🛦
	CD	04055	97	3. IS THIS REPOR	\ ^	NEW (N) OR		AMENDED A)	··· ·	
4.	TYPE (Choose	OF REPORT	(b) Monthly Report Due O	 n: · -		May 20 (M5)		g 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Qu	arterly Reports:		Mar 20 (M		Jun 20 (M6)	* *	p 20 (M9)		(Non-Election Year Only)
		April 15 Quarterly Report (July 15 Quarterly Report (Q2) (C) 12 P	Apr 20 (M42-Day RE-Election eport for the:	Primary (12	·	·	al (12G)	···	Jan 31 (YE)
		October 15 Quarterly Report (January 31 Year-End Report (Q3)	Election on		/ E ^{mi} b /	·		in the	f
	X	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30	O-Day OST-Election eport for the:	General (30	DG)	Runoff	(30R)	·:	Special (30S)
		Termination Repor (TER)		Election on	»:	и т ій ю и	Marin Amar		in the State o	· ··· f .
5.	Coverin	g Period Ö	Î. 0 1	2009	through	ÖĞ	3 <i>0</i>	2 Ŏ	Ď 9	
I ce	ertify that	I have examined t		to the best of my kr	=	belief it is tr	ue, correct a	and complet	e.	
Тур	e or Prin	nt Name of Treasur		a Barnd		·	······································	······································	······································	
Sig	nature of	Treasurer	Darle	Banet	<i>t</i>		Date Ö	7 2	3	2009
NO	TE: Subrr	nission of false. error	neous, or incom	plete information may	subject the pe	erson signing 1	his Report to	the penaltic	es of 2 l	J.S.C. §437g.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Time or Type commit	lice Hame								
Indiana a	cham	ber	Con	aress	sional	Action	Comm	ittee	
				7			• •		
Report Covering the F	Period: F	rom:	Ol	01	2009	То:	Ö b / ·	30°	2

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2009		, 4,156.74
	(b) Cash on Hand at Beginning of Reporting Period	6.156.74	
	(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)		
7.	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,1 56.74	6,156.74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FE6AN026

СО ЧТ. 90301318 Ċ١

DETAILED SUMMARY PAGE

of Receipts

_	FEC Form 3X (Rev. 06/2004)		Page 3
V	/rite or Type Committee Name		-
	Indiana Chamber	Conavessional Act	ion Committee
	• • •	,	M M W P / Y Y Y
R	eport Covering the Period: From: 0	1 01 2009	To: 04 30 2009
	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(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	······································) , , O) , , O) , , O
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.))
16,	(Carry Totals to Line 37, page 5)	· · · · · · · · · · · · · · · · · · ·	
	Political Committees	· · · · · · · · · · · · · · · · · · ·	
10,	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	**************************************) · · · · · · · · · · · · · · · · · ·
	(b) Levin Funds (from Schedule H5)	i en de la en da Alexande de la estada en la e)
	(c) Total Transfers (add 18(a) and 18(b))	, () , , 6
19.	Total Receipts (add Lines 11(d), 12. 13, 14, 15, 16, 17, and 18(c))▶) _. . , , . O
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	() 0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		\wedge
	(i) Federal Share		· · · · · · · · · · · · · · · · · · ·
	(ii) Non-Federal Share	,	, ; <i>Q</i>
	(b) Other Federal Operating	^	
	Expenditures	, γ	
	(c) Total Operating Expenditures		
	(add 21(a)(i). (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party	0	()
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	, , , , , , , , , , , , , , , , , , ,	, , ,
24	Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	,
25.	(use Schedule E)		0
			^
26.	Loan Repayments Made	, a , a , a , a , O , a , O , a , o , o , o , o , o , o , o , o , o	\cdot , . U
		(2	\wedge
27. 28.	Loans MadeRefunds of Contributions To:	,	, , . U
	(a) Individuals/Persons Other Than Political Committees		()
	man Foliaca Committees	,	
	(b) Political Party Committees		
	(c) Other Political Committees	,	, ,
	(such as PACs)	., , , , , , , , , , , , , , , , , , ,	\cdot , , \cdot , \cdot \cdot \cdot
	(d) Total Contribution Refunds	CO CONTRACTOR CONTRACT	
	(add Lines 28(a). (b), and (c))▶	,	, , , , , , , , , , , , , , , , , , ,
29.	Other Disbursements	(A)	· · · · · · · · · · · · · · · · · · ·
29.	Other Disbursements		maren's to the left to be a life or set
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	· · · · · · · · · · · · · · · · · · ·	
	(ii) "Levin" Share		<u></u>
	(b) Federal Election Activity Paid Entirely	and the contract of the contra	
	With Federal Funds		. , . , . , . , . , . , . O.
	(c) Total Federal Election Activity (add		· · · · · · · · · · · · · · · · · · ·
	Lines 30(a)(i). 30(a)(ii) and 30(b))▶		
		•	
31.	Total Disbursements (add Lines 21(c), 22,	The state of the s	e. e
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	·	$_{\lambda_{aaa}}$, which is \mathcal{L}
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		♂
	from Line 31)		\mathcal{O}
		; , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** III. Net Contributions/Operating Ex-**COLUMN B** penditures **Total This Period** 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

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF				
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
Any information copied from such Reports and Statements		Detailed Summary Page	11a 11b 11c 12				
		<u> </u>	13 14 15 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Indiana Chamles	Ca	A 1):an (
Indiana Chamber	Corrai	ressional AG	ion Committee				
Full Name (Last, First, Middle Initial)	3		Date of Receipt				
Mailing Address			Date of necept				
City	State	Zip Code					
			Amount of Each Receipt this Period				
FEC ID number of contributing	С						
federal political committee.	· ·	•	,				
Name of Employer	Occupation)	7				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		• • •					
Other (specify)		·e }					
Full Name (Last, First, Middle Initial)							
3			Date of Receipt				
Mailing Address							
Otto	01-1-	7:- O-d-					
City	State	Zip Code	Arrand of Fool Descirable Desiral				
			Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C						
			. 1				
Name of Employer	Occupation	1					
Receipt For:	L	V 4- D-4- =					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify) ▼							
		1					
Full Name (Last, First, Middle Initial)							
Mailing Address	·		Date of Receipt				
Mailing Address			la fi DD/Y Y Y				
City	State	Zip Code					
	·		Amount of Each Receipt this Period				
FEC ID number of contributing	^	* • •					
tederal political committee.	С		y :				
Name of Employer	Occupation	1	_				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General	•						
Other (specify) ▼		3					
							
SUBTOTAL of Receipts This Page (optional)							
The Communication of the Caye (optional)			•				
OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)

	l lleo congrato echadula(e) l			FOR LINE NUMBER: PAGE OF				
TEMIZED DISBURSEMENTS		for each category of the	(check only	y one) 22 23 7	24 25 26			
		Detailed Summary Page	27	28a 28b	28c 29 30b			
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may not be sold or une and address of any polit	sed by any persical committee to	son for the purpose of solicit contributions from	soliciting contributions om such committee.			
	NAME OF COMMITTEE (In Full)			_				
/	Indiana Chamber	Congression	na) A	ction Cor	nmittee.			
_	Full Name (Last, First, Middle Initial)	3			-			
۹.				Date of Disburseme				
	Mailing Address			1, 64 : 6 :.	, v v ·			
	City	State Zip Code						
	Purpose of Disbursement			Amount of Foot Bi	ahan			
Candidate Name			Category/		sbursement this Period			
	Office Sought: House Disbursem	nent For:	Туре	. **	ş •			
		Primary General Other (specify)						
_	State: District:	· · · · · · · · · · · · · · · · · · ·			- <u>-</u>			
В.	Full Name (Last. First, Middle Initial)			Date of Disburseme	ent			
	Malling Address				$(\mathcal{F}_{\mathcal{A}}^{(1)},\mathbf{Y}_{\mathcal{A}},\mathcal{F}_{\mathcal{A}}^{(1)},\mathbf{Y}_{\mathcal{A}},\mathbf{Y}_{\mathcal{A}},\mathbf{Y}_{\mathcal{A}})$			
	Mailing Address				•			
	•	State Zip Code						
	Purpose of Disbursement				sbursement this Period			
	Candidate Name		Category/ Type	Harris Marie 1919				
	Office Sought: House Disbursen							
		Primary General Other (specify) ▼	,	1				
	State: District:	· · · · · · ·						
C.	Full Name (Last. First, Middle Initial)			Date of Disburseme	ent			
-				,				
	Mailing Address							
	City	State Zip Code						
	Purpose of Disbursement							
	Candidate Name	······································	Category/ Type					
	Office Sought: House Disbursen	nent For:	1 .750	-	, ,			
	President	Primary General Other (specify) ▼						
	State: District:							
s	UBTOTAL of Disbursements This Page (optional)		>		,			
т	OTAL This Period (last page this line number only).		······	1	·			
_								

S

CHEDULE C (FEC Form 3X)	<u></u>	
DANS	Use separate schedule(s)	PAGE OF
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		
Indiana Chamber Congressic	onal Action	Committee
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	lection: Primary
	.	General
Mailing Address	Ļ	Other (specify) ▼
City State ZIP Co	ode	
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
3 3 3 4 3 4		; <u>1</u>
Date Incurred Date Due		Secured:
	* · ·	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	· · · · · · · · · · · · · · · · · · ·
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
2 Full Name // not First Middle Initial)	Outstanding: 7	,
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount .	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	· ·
	Mario or Employor	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	.
I among the second seco	<u> </u>	
SUBTOTALS This Period This Page (optional)	.	
		'y 9 · · ·
FOTALS This Period (last page in this line only)	>	e e e e

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

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

Supplementary for Information found on Page of Schedule C

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER					
Indiana Chamber Congression	nal Action Committ	C 00405597				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
Full Name	: ,	. %				
Mailing Address	Date Incurred or Established	V 60 / 00 t. / V V V				
City State Zip Code	Date Due	the second of the second secon				
A. Has loan been restructured? No Yes	If yes, date originally incurred	n n p n v y v y				
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:	, ,				
C. Are other parties secondarily liable for the debt incurred No [Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the liproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit. chattel papers, similar traditional collateral?	What is the value of this collateral?				
No Yes If yes, specify:						
		Does the lender have a perfected security nterest in it? No Yes				
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s		What is the estimated value?				
A depository account must be established pursuant Location of account:						
	Location of account:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account: Address:					
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:					
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City. State, Zip:					
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City. State, Zip: s pledged for this loan, or if the a					
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account established: F. If neither of the types of collateral described above was	Address: City. State, Zip: s pledged for this loan, or if the a					
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name	Address: City. State, Zip: s pledged for this loan, or if the a	th it assures repayment.				
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER	Address: City. State, Zip: s pledged for this loan, or if the a	th it assures repayment.				
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name	Address: City. State, Zip: s pledged for this loan, or if the a	th it assures repayment.				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature 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 te are accurate as stated above.	Address: City. State, Zip: s pledged for this loan, or if the a was made and the basis on which the basis of the loan and other information.	DATE BALL OF BOTH AND A STREET OF THE BOTH AND ADDRESS OF THE BOTH ADDRESS OF THE BOTH AND ADDRESS OF THE BOTH AND ADDRESS OF THE BOTH ADDRESS OF THE BOTH AND ADDRESS OF THE BOTH AND ADDRESS OF THE BOTH AD				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature 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 te are accurate as stated above. II. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	Address: City. State, Zip: s pledged for this loan, or if the a was made and the basis on which the basis on the basis of the basis o	DATE Management of the loan prable at the time than those imposed for which assures repayment, and has				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature 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 te are accurate as stated above. III. The loan was made on terms and conditions (independent of the similar extensions of credit to other borrowers of the institution is aware of the requirement that a complied with the requirements set forth at 11 C	Address: City. State, Zip: s pledged for this loan, or if the a was made and the basis on which the basis on the basis of the basis o	DATE Lation regarding the extension of the loan prable at the time than those imposed for which assures repayment, and has githis loan.				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER Typed Name Signature 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 te are accurate as stated above. II. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	Address: City. State, Zip: s pledged for this loan, or if the a was made and the basis on which the basis on the basis of the basis o	DATE Management of the loan prable at the time than those imposed for which assures repayment, and has				

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

(Use separate
schedule(s)
for each
numbered line)

PAGE OF FOR LINE NUMBER: (check only one)

XCII	uding Loans		numb	ered line)			10
NAM	E OF COMMITTEE (In Full)		<u> </u>				
	ndiana Chamber Cor		1cfic	on Co	mmit	tee	
A	. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of De	ebt (Purpose):	
N	Mailing Address						
C	State State	Zip Code					
	Outstanding Balance Beginning This Period		1			, :	
	Amount Incurred This Period	Payment This Period		Outstandin	g Balance a	t Close of	This Period
	, -				3	ŧ	•
В	. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of De	ebt (Purpose) :	
N	failing Address						
0	Sity State	Zip Code					
F							
	Outstanding Balance Beginning This Period						
	1 1			0 P			···
	Amount Incurred This Period	Payment This Period		Outstandin	g Balance a	t Close of	inis Period
1	; · · · · · • • · · · · · · · · · · · ·	.; ,	.,		,	1	
C	C. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of De	ebt (Purpose):	
^	Aailing Address						
6	Sity	State Zip Code					
T	Outstanding Balance Beginning This Period						
	Amount Incurred This Period	Payment This Period		Outstandin	g Balance a	t Close of	This Period
ł	, , ,				,	1	
				 	 		
1)	SUBTOTALS This Period This Page (optional)		>	:	ÿ	3 .	•
2)	TOTALS This Period (last page this line number onl	y)	>		•	1 .	•
3)	TOTAL OUTSTANDING LOANS from Schedule C (I	ast page only)	>		,	į	
4)	ADD 2) and 3) and carry forward to appropriate line		*				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

CMIZED MOEFEMBERT EXPENDITORES		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Indiana Chamber Congressio	nal Action C	2mmille
Check if 24-hour notice 48-hour notice		C 00405597
Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
		Amount
City State	Zip Code	
	·	
Purpose of Expenditure	Category/	Office Sought: House State:
	Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expen	_ diture:	President
		Check One: Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		
		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		6 7 1 1 1 Y Y
Mailing Address		
		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expen	diture:	President
		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought ,	; *	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(a) CODIO IA CI NOMESCO MACPORATO Exponentico Minimum		The state of the s
(b) SUBTOTAL of Uniternized Independent Expenditures		
(b) SSP (1/2 ST STITISTIZES THE SPONSON Experience section and sec		···· • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures		•
(5)		··· •
	·	
Under penalty of perjury I certify that the independent expendi		
with, or at the request or suggestion of any candidate or authorary committee) any political party committee or its agent.	onzou committee or agent	or children in the reporting entity is not a political
	Da	e viva v pove v v v v v te
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 (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X NAME OF COMMITTEE (In Full) ommitkee Indiana Chamber Congressional Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? ___ YES NO Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type 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 Full Name (Last. First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type 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 Pavee Category/ Mailing Address Type 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				
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				

2903013185

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:

- 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 %
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Fundraising Direct Candidate Support	%	, 9 6
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New Revised Same as Previously Reported		

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

PAGE	OF	
FOR LIN	18a OF	FORM 3X

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iv)	Direct Fundraising (List Activity or Even	t Identifier)			
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	c) Total Amount Transferred For Direct Fo	undraising			× .
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	· · · · · · · · · · · · · · · · · · ·	
<u> </u>			
FOR LINE	212 OF	EORM	3 Y

Indiana Chamber Congressional	7400	Committee
L. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
Mailing 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:	T .	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:		The state of the s
Activity of Event Identines.	Category/ Type	M TE A G STATE Y Y TY Y Date
FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
5 5	<u> </u>	, ,
. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
Althor Add		Administrative Fundraising Exempt
Mailing Address		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
Purpose of Disbursement:		
Activity or Event Identifier:		
	Category/ Type	Date
FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	* +	
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 Disbursement:		Allocated Activity or Event Year-To-Date
		, , ,
Purpose of Disbursement: Activity or Event Identifier:	Category/	Allocated Activity or Event Year-To-Date
	Category/ Type	Allocated Activity or Event Year-To-Date
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Activity or Event Identifier: FEDERAL SHARE + NONFEDERAL	Type	Allocated Activity or Event Year-To-Date yy " M
Activity or Event Identifier: FEDERAL SHARE + NONFEDERAL	Type L SHARE	Allocated Activity or Event Year-To-Date y y y Date TOTAL AMOUNT
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Activity or Event Identifier: FEDERAL SHARE + NONFEDERAL	Type L SHARE L SHARE	Allocated Activity or Event Year-To-Date y

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

NAME OF COMMITTEE (In Full)		
		^
Indiana Chamber Co	ongressional Acti	on committee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	P # / D D / Y & Y S	
		, ,
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTI	RATION
Total Amount Transferred for Vot	er Registration	
	, .	OTER ID
ii) Voter ID	·. `	"
Total Amount Transferred for Vot	er ID	ş. •
		GOTV
iii) GOTV		
Total Amount Transferred for GO	TV	A STATE OF THE STA
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	Oi Astivity	
lotal Amount Transferred for Gel	neric Campaign Activity	F
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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		3 3 14
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGIST	RATION
Total Amount Transferred for Vot	ter Registration	
	T 10 12 1 3 1	/OTER ID
ii) Voter ID		
Total Amount Transferred for Vot	ter ID	3
		GOTV
iii) GOTV		
Total Amount Transferred for GC	VTV	3 4 *
in Consis Compoler Activity		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Ge	neric Campaign Activity	
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TOTAL This Period (Voter Registration)		
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TOTAL This Period (GOTV)		the Drawn of
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TOTAL This Period (Generic Campaign	Activity)	Statement States 18. In Section
TOTAL This Period (Total Amount of Tr	ansfers 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		OF		
FOR LINE	30a	OF	FORM	ЗХ

nal Action	n Committee
	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date

Category/ Type	Date
IN SHARE	= TOTAL AMOUNT
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	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
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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
	RECEIPTS FROM PERSONS	:.	
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	(b) Unitemized	to the total	, , , , , , , , , , , , , , , , , , ,
	(c) Total		,
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	TOTAL RECEIPTS		··· ·
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,	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		3 5
	(b) Voter ID	e en en al de mêre de de de la companya de la comp	
	(c) GOTV	· · · · · · · · · · · · · · · · · · ·	, , ,
	(d) Generic Campaign		; ;
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	DISBURSEMENTS	e and the second of the second	3
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SCHEDULE L-A (FEC Form 3X)

PAGE

ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and addre		
NAME OF COMMITTEE (In Full)		
/ Indiana Chamber Congres	isional Action	Committee
Full Name (Last, First, Middle Initial) / Full Organization Name	301011CT 119101	Date of Receipt
A.		R W . D D V Y Y Y Y
Mailing Address		
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Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
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		Aggregate Year-to-Date
Occupation		
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SUBTOTAL of Receipts This Page (optional)	<u> </u>	* * * * * * * * * * * * * * * * * * * *
TOTAL This Period (last page this line number only)		

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:	PAGE	OF
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OF LEVIN FUNDS		Aggregation Page	4b 4d
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may n	ot be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Indiana Chamber Co	marce	ssional Action	Committee
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(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 it 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 Shipping Date Fed Gx Overnight Delivery Service (Specify): Next-Business-Day-Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED