FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 100m@ Bs. BMII: 23

. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

1 N D 1 A N A L L H A M B E	R1 10101N161B1E15151110	PINIALL ALCITION	<i>N</i>
CI OIMIMITITITI EI EI I I I I		1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	10: 10: \$15 PI 1 N 6 T C	14 15 17 1 15 10 11 17 1	E 8 5 0 5
Check if different than previously reported. (ACC)	1 A N 4 P 0 L 1 5	<u> </u>	4,6,2,0,4]-
E 2. FEC IDENTIFICATION NUMBER ▼	CITY ▲	STATE ▲	ZIP CODE A
COO.4.0.5.5.9.7	3. IS THIS REPORT	NEW (N) OR (A)	ENDED
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)		Jun 20 (M6) Sep Jul 20 (M7) Oct 2 12P) General (on (12C) Special (1	in the State of
5. Covering Period 6 7 0	throug	h (2/7)	2.0.1.5
I certify that I have examined this Report a Type or Print Name of Treasurer	nd to the best of my knowledge ar eff Brantley	d belief it is true, correct and	l complete.
Signature of Treasurer NOTE: Submission of false, erroneous, or inc	unt	Date 0 /	2016 re penalties of 52 U.S.C. § 30109.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

	COLUMN A	COLUMN B
~	This Period	Calendar Year-to-Date
. (a) Cash on Hand January 1, てっぱり		5,411,59,0
(b) Cash on Hand at Beginning of Reporting Period	5,4,11,90	
(c) Total Receipts (from Line 19)	675000	6,75000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1216190	[£ 16190
. Total Disbursements (from Line 31)	35000	3500
. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1181190	1161190
. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mu	Iticandidate committee: (see FEC FORM 1M)	

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

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

DETAILED SUMMARY PAGE

of Receipts Page 3 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Consittee Congression To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 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)
G12. Transfers From Affiliated/Other Totals to Line 33, page 5) Party Committees..... 3. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 6. 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)▶

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:		Calcinda Teal-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	ing na digisar na menggan na kalawah kanan na magawatan kaka kabipi. Magawatan na mengalawa kanan na magawatan kaka kabipi na mengalawa kanan na mengalawa kanan na mengalawa kanan	gradu grad na na katawa ni maaka na katawa ka katawa na katawa na katawa na katawa na katawa na katawa na kata
	• •	A	
	(i) Federal Share	Superior of the control of the contr	To stand, allow to whealther with with the stands of a stand with the stands of the st
	(ii) Non-Federal Share	0	<i>i</i>
	(b) Other Federal Operating	ในเครื่อนกรับการีว่า และเกราะโดก เป็นเกรียก และเป็นเคราะโดกที่ เมษารถสอบรถ การแกลสูงค่า รูการสุดสอบรถสอบรถสอบรถสอบรถสอบรถ	
	Expenditures	A CONTRACTOR OF THE STATE OF TH	4
	(c) Total Operating Expenditures	ราคาราชาชาติ เปลี่ยว เมื่อ เปลี่ยว เป็น เปลี่ยวสำนัก เป็น เปลี่ยวสำนัก เป็น เป็น เป็น เป็น เป็น เป็น เป็น เป็น	
	(add 21(a)(i), (a)(ii), and (b))▶	*	4
22.	Transfers to Affiliated/Other Party	Jaka Balla (1984) Alba (1984) Alba (1984)	An examination of the second research of the second
	Committees		4
23.	Contributions to Federal Candidates/Committees	Sandande Territoria de Carlo d	Extraction of the control of the con
	and Other Political Committees	Ø :	· · · · · · · · · · · · · · · · · · ·
	Independent Expenditures	The street of th	and the state of t
	(use Schedule E)	ď	
25.	Coordinated Party Expenditures	an filologica de la fil	
	(52 U.S.C. § 30116(d)) (use Schedule F)	d:	
		The state of the self of the s	Service of many street has been severed and the
26	Loan Repayments Made	A	
_0.	Loan Hopaymonia Made	The wall was a wall have the collection of the c	hard make the standard bank and the standard
97 [°]	Loans Made	d	/
28.	Refunds of Contributions To:	Constitution of the State of the Constitution	The state and well the soft marketing 2 meeting about the collection of the soft marketing and the soft marketing
	.(a) Individuals/Persons Other Than Political Committees		* * * * * * * * * * * * * * * * * * * *
	man Follical Committees	3. 5.000 mg	handan and out of the Fit Line and
	(h) Political Party Committees	The state of the s	East of its secular mail an and a simplicy part, we assure assured by your file
	(b) Political Party Committees	Service and the first tribble will be transfer of the first tribble will be transfer to the first tribble to the first tribble	For well and a selection of the control of the cont
	(c) Other Political Committees	A	And the second of the second s
	(such as PACs)	A company of the second	the control of the second of t
	(d) Tatal Cantallantian D (a la		
	(d) Total Contribution Refunds	The state of the s	Committee of the section of the sect
	(add Lines 28(a), (b), and (c))▶	3.5.0.00	3.5.0.0
		The section was beautiful and in the reformation absention absent	A new millioner of instruction constitution of the constitution of
29.	Other Disbursements	The many of the relation of the Armston to color by	the state of a fill of an tree throughout the
			The second section of the second section secti
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	Section of the sectio	A COLOR SERVICE COLOR SERVICIONES PROSPERADOS SERVICIOS SERVICIOS SERVICIONES PROSPERADOS SERVICIONES
	(i) Federal Share	Security they will next independent the first	Sandy State
		ราย และ เกาะเลง โดย เปรียบหลาย เป็นเลงไป เมละโดย หลาย เกาะเลง โดย หลับ เมละ เกาะเลง เกาะเลง เกาะเลง เมละ เกาะเลง เกาะเลง เกาะเลง เกาะเลง เกาะเลง เกาะเลง	S. A. S. Sandara Services of manhamathan Committee
	(ii) "Levin" Share		Company of 2 miles and 2 miles and 2 miles and 2 miles
	(b) Federal Election Activity Paid Entirely	Controller (a.c. Con) consisted free Can diving miles and	hamil madeant ar atomismus amalians amali
	With Federal Funds	broad and the Albert Areadon and the Committee Committee	Constitution Description Constitution Constitution
	(c) Total Federal Election Activity (add	Assembling Services (Services Services	and the second statement and and area.
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
		ಕ್ರಾಕ್ ಖರ್ಣ ಕ್ಷೀಕ್ರಾವರ್ ಪರ್ವಜನಗಳ ಪರಪ್ರಭಾವತಿಗೆ ಪರಕ್ಷಕ್ಕಳಲ್ಲಿ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರಶ್ನೆ ಪ್ರ	ners And Tricks and an arrange of the second
31.	Total Disbursements (add Lines 21(c), 22,	and the second second second in the second s	processing and analytical parameter processing and
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	_	1000
		The contract of the second	Landon disease and made allowed and first the
32.	Total Federal Disbursements		,
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	gen grang in jungan gang mengangan pangangan nganasanang	ggr. (rg vi ser) - swing course same industrial and selections of the selection of the sel
	from Line 31)		350.0

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) 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 (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)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
ny information copied from such Reports and	d Statements may not be sold or used by any p	······································
for commercial purposes, other than using	the name and address of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Indian Charles Congre	estional Action Committee	•
Full Name (Last, First, Middle Initial)		
Robert L. Koch II	With the second second	Date of Receipt
Mailing Address		MAM / 100 0 / 170 77 77 77 77 77 77 77 77 77 77 77 77 7
City Place	State Zip Code	_ 8 1.4 2.0.15
Evansville	IN 47714	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee,		3 \$ 0.00
Name of Employer	Occupation	-
Koch Enterprises Inc.	Chairman	
Heceipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3.5000	a 1
	Control of	
Full Name (Last, First, Middle Initial)		
Vevin Anderson		Date of Receipt
Mailing Address 10078 Symmer lakes Prive		8 31 2015
City	State Zip Code	- Instituted braidward Countries of Countrie
Carmel	IN 46032	Amount of Each Receipt this Period
FEC ID number of contributing		00000
federal political committee.		the second control of
Name of Employer	Occupation	
EOA (ompanies	CEO	
Receipt For: X Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1, 0,000,000	
Full Name (Last, First, Middle Initial)		Pote of Respire
Mailing Address		Date of Receipt
4905 N. Pelamore Street		8 31 2015
City	State Zip Code	BALLIMANIBOUGH BUREAU SATERIC CONTRACTORISM SATERIC CONTRACTORISM SATERIA SATE
Indianapolis	7N 46205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
•	Communication and Communication Communication and Composed Communication and Communi	Best month in a regular constitue of the constitue constitue constitue of the constitue of
Name of Employer	Occupation	
Hatlaway Strategies Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General	Aggregate fear-to-Date ▼	
Other (specify) ▼	3,5,0,0,0	
SUBTOTAL of Receipts This Page (optional))	
TOTAL This Period (last page this line numb	oor only)	

S	CHEDULE A (FEC Form 3X)	Use separate sch	redule(s) FOR LINE NUMBER: PAGE 2 OF 9 (check only one)
IT.	EMIZED RECEIPTS	for each category Detailed Summar	of the transfer of the transfe
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial)		Date of Receipt
2016 01	City FEC ID number of contributing federal political committee. Name of Employer 1 Month For: Receipt For: Yrimary General Other (specify)	State Zip Code 1 N 46563 C Occupation President Aggregate Year-to-Date Aggregate Year-to-Date	Amount of Each Receipt this Period
28 · 03 · 00041857	Full Name (Last, First, Middle Initial) Hill Rom PAL Mailing Address 1069 Gtate Roure 46 E City Latesville FEC ID number of contributing federal political committee. Name of Employer Receipt For: Y Primary General Other (specify)	State Zip Code TN 4700 € Cloou 4 4 6 9 9 Occupation Aggregate Year-to-Date ▼	Date of Receipt O 9 / O U 2 0 1 5 Amount of Each Receipt this Period
C.	Full Name (Last, First, Middle Initial) Mailing Address Mue, Suite 30 City Terre Haute FEC ID number of contributing federal political committee. Name of Employer The Assarthrithe Receipt For: Primary General Other (specify)	State Zip Code TN 475 • 7 Cl Occupation Pegidian Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 9 (check only one)	
Any information copied from such Reports and S	ny information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to		
NAME OF COMMITTEE (In Full) Ind: 444 Manuscry Charl	1- Constrainal Action Co	, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) A. Red Gold Tue. PAC Mailing Address P. O. Pox & 3 City FEC ID number of contributing federal political committee. Name of Employer Receipt For: X Primary General	State Zip Code FN 46036 Cloo3390112 Occupation Aggregate Year-to-Date ▼	Date of Receipt M	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Themas V. Fasterday Mailing Address 15 (x: isas base Court City Zions v: e FEC ID number of contributing federal political committee.	State Zip Code FN 46077	Date of Receipt 2 0 1 5 7 Amount of Each Receipt this Period	
Name of Employer Subaru of Indiaua Receipt For: Y Primary General Other (specify) ▼ Full_Name (Last, First, Middle Initial)	Occupation C#C5 + ivc V. P. Aggregate Year-to-Date ▼ 25000 Aggregate Year-to-Date ▼	Even demailment Deministration Deministration Control of the Contr	
C. Denais E Faultenberg Mailing Address 177 L. Westfield Blud. City Fadishapelis FEC ID number of contributing federal political committee.	State Zip Code TN 46268	Date of Receipt Amount of Each Receipt this Period	
Name of Employer APATAN Receipt For: X Primary General Other (specify) ✓	Occupation Occupation Aggregate Year-to-Date Aggregate Year-to-Date	Commenters and transfer or allowed Defend Indeed Some Library and Some	
SUBTOTAL of Receipts This Page (optional)		Francis prost part of particular description of the state	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 OF 4 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
A or	Any information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)			rson for the purpose of soliciting contributions to solicit contributions from such committee.
L	Full Name (Last, First, Middle Initial)	re\$5/844/	1 Action Committ	
Α.	Thomas G. Hirons Mailing Address 450 F. Ohio Street, Apt. 203 City	State	Zip Code	Date of Receipt
	Indiana polis]N	46204	Amount of Each Receipt this Period
2	FEC ID number of contributing federal political committee.	C.		Law Ten How The show that the comment of the commen
2 0 6	Hirons & Company		11 & CEO	
1 	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ ***********************************	· .
2 8 в.	Full Name (Last, First, Middle Initial) 3. Kevin M. Grinegar Mailing Address 153 Welling for Pking. City State Zip Code		Date of Receipt	
_			Zip Code	S
<i>-</i> -	Noblesville	IN	46060	Amount of Each Receipt this Period
0 0 0	FEC ID number of contributing federal political committee.		egmenge megamagamegamegamegamega Managamagamagamen in medamen i	
0M · 00041∞59	Pudiena Chamber of Connecce	Occupation //esi	Year-to-Date ▼	
9 	Other (specify) ▼	Contractions - Name	2 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· .
C.	Full Name (Last, First, Middle Initial) Thompson thriby Personner In Mailing Address	16.		Date of Receipt
	City Labesh Ave. Suize 300	State	Zip Code	10.81 211 20.17
	Terre Hause FEC ID number of contributing	IN	47807	Amount of Each Receipt this Period
	federal political committee. Name of Employer	Occupation	allowed acordinate Control of	Contribution relanded Please see schedule B
	Receipt For: Y Primary General	Aggregate `	Year-to-Date ▼	Please see schodule B
\vdash	SUBTOTAL of Receipts This Page (optional)			6,7,5,0,00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any phe name and address of any political committee		
Full Name (Last, First, Middle Initial) A. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City	State Zip Code C Occupation Aggregate Year-to-Date ▼ State Zip Code	Date of Receipt Amount of Each Receipt this Period Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Aggregate Year-to-Date Aggregate	₹	
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only 21b	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used me and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Indiana Chamber Congress	ional Action Commi	ttee	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Thompson Thisty Development Mailing Address 901 Wabash Ave. Site 300	Pmc.		0,9 1,8 2,0,1,5
City Terre Haute Purpose of Disbursement	State Zip Code IN 47807		
Candidate Name	ı -	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
·			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	B	Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		Breantheant Shanthama (Shanthama) and Shanthama (Shanthama)
State: District:	· · ·		
SUBTOTAL of Disbursements This Page (optional).			
TOTAL This Period (last page this line number only	′)		3,50.00

NAME OF COMMITTEE (In Full) Election: Full Name (Last, First, Middle Initial) Primary General Other (specify) Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2016 6 **TERMS** Date Incurred Date Due Interest Rate Secured: % (apr) Yes List All Endorsers or Guarantors (if any) to Loan Source 0 1. Full Name (Last, First, Middle Initial) Name of Employer 2 8 -Mailing Address Occupation **Amount** 03-00041862 State ZIP Code Guaranteed City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City ZIP Code State Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional).....

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

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

SCHEDULE C (FEC Form 3X)

LOANS

PAGE

Use separate schedule(s)

for each category of the

Detailed Summary Page

OF

FOR LINE 13 OF FORM 3X

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _ [of Schedule C

Federal Election Commission, Washington, D.C. 20463

NA	ME	OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER
	Ī	ndique Chamber Congressional Ac	tion Committee		0,0,4,0,5,5,9,7
LE	NDII	NG INSTITUTION (LENDER)	Amount of Loan	•	Interest Rate (APR)
Fu	II Na	me		-,	
				أحسدن	%
Ma	iling	Address		W-2-W	1 / 000 / 7000
			Date Incurred or Established		
Cit	у	State Zip Code	Date Due	N N' N	
)	Α.	Has loan been restructured? No Yes	If yes, date originally incurred	M	/ 6 6 / 7 7 7 7 7 7
	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? ist be reported on Schedule C.)		
]	D.	Are any of the following pledged as collateral for the le		What is th	ne value of this collateral?
•		property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other			
)		No Yes If yes, specify:	Similar traditional collaterar?	<u></u>	of Development Development Security
2		140 Tes II yes, specify		Does the	lender have a perfected security
- 1				interest in	
1	E.	Are any future contributions or future receipts of intere	· •	What is the	ne estimated value?
j		collateral for the loan? No Yes If yes, s	pecify:	7	
1				L	410-2-2-4-42-4-42-42-42-42-42-42-42-42-42-4
-		A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
3		Date account established:	Address:		
			City, State, Zip:		
		If neither of the types of collateral described above was the loan amount, state the basis upon which this loan			
	!	the loan amount, state the basis apon which this loan	was made and the basis on will	on it assu	res repayment.
	G.	COMMITTEE TREASURER		DATE	
		Typed Name		Printerior in	
		Signature] L .	
	Н.	Attach a signed copy of the loan agreement.			
	1.	TO BE SIGNED BY THE LENDING INSTITUTION:			
		 To the best of this institution's knowledge, the ter are accurate as stated above. 	rms of the loan and other inform	ation rega	ording the extension of the loan
		II. The loan was made on terms and conditions (inc	cluding interest rate) no more fav	orable at	the time than those imposed for
		similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	comparable credit worthiness.		1
		complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in makir	ng this loa	л. — — — — — — — — — — — — — — — — — — —
ı		DRIZED REPRESENTATIVE		DATE	
1	•	Name	10	MW	/ 0001 / VOVED /
) 3	gnat	ture Titl	l e		

2016 · 01 · 28 · 08 · 00041864

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

cluding Lo	4115		number	ea line)	10
AME OF COM	MITTEE (In Full)		•		
Indiana	Chamber Congress	ional Action Com	stee		
A. Full Name	e (Last, First, Middle Initial) of Debte	or or Creditor	·Ni	iture of Debt (Purpose)	:
Mailing Addre	988				
City	State	Zip Code			
Jony	Ciale	Zip Gode			
Outstanding	g Balance Beginning This Period				
	ount Incurred This Period	Payment This Period	•	Outstanding Balance at	Class of This Pariod
	ount incurred this relied			Outstanding balance at	Close of This Felloc
					<u>~~~~~~</u>
B. Full Name	(Last, First, Middle Initial) of Debto	r or Creditor	N	ature of Debt (Purpose)	:
Mailing Addre	ess				
City	State	Zip Code			
Outstanding	g Balance Beginning This Period				
	g balance beginning this renod				
	(1)				
Am	ount Incurred This Period	Payment This Period	·	Outstanding Balance at	
	<u> </u>			<u> </u>	<u>() </u>
C. Full Name	e (Last, First, Middle Initial) of Debt	or or Creditor	I Na	ature of Debt (Purpose)	:
	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Addre	000				
Ivialing Addre	500				
City		State Zip Code			
	g Balance Beginning This Period				
Lance Course Course					
Am	ount Incurred This Period	Payment This Period	j	Outstanding Balance at	Close of This Period
		* * * * * * * * * * * * * * * * * * * *			() ()
) SURTOTALS	S This Period This Page (optional)				
) TOTALS Thi	is Period (last page this line numbe	r only)	>		<i></i>
B) TOTAL OUT	STANDING LOANS from Schedule	C (last page only)	>		
.,		- (.act page only)			
) ADD 2) and	3) and carry forward to appropriate	e line of Summary Page (last page	ge only) 🕨		

ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Chamber Congressional Action Committee 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation 2016 Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose 0 President Senate State: -Primary General Disbursement For: Calendar Year-To-Date Per Election for Office Sought 8 Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination 0 Mailing Address Amount 00041865 City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: . Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature

SCHEDULE E (FEC Form 3X)

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

BEHALF OF CANDIDATES	FOR FEDERA	AL OFFICE			PAGE /	OF /
	be used only by P	Political Comm	ittees in the Ger	neral Election)	FOR LINE 2	25 OF FORM 3
ME OF COMMITTEE (In Full) Ludique (49 b. 699 s your committee been designated to ma	restional Ac	rios Com	rittee	3	1 1 1	eck if -hour notice
ordinated expenditures by a political party YES NO	committee?	ng Address				
/ES, name the designating committee:	City			Sta	ite ZIF	^o Code
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expe	enditure	
Mailing Address				Date		Category Type
City	State	Zip Code		M M /	D & D / V	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		2 2 2 2
Aggregate General Election Expenditure for this Candidate ▶	2 - 27 - N	77: 4 4 7:				
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	Category
Mailing Address				Date		Туре
City	State	Zip Code		M - M /		· · · ·
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶		-5)B1	:			
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	Category
Mailing Address				Date		Туре
City	State	Zip Code		//	D D / Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
JBTOTAL of Expenditures This Page (op	tional)				36	· · · · · · · · · · · · · · · · · · ·
OTAL This Period (last page this line nur	nber only)			Y Y Y		Y Y Y Y

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)

Indiana Chamber Congressions Action Congre
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)
ı
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
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
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
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
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

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) Congressional Action Committee RATIOS FOR ALLOCABLE FUNDRAÍSING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER . • . 5 FEDERAL % NONFEDERAL % Ō 1 6 ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: 0 Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** 2 8 FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support 03 CHECK IF THE RATIO IS: New Revised Same as Previously Reported 000041868 **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: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported

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

PAGE	OF	1
EOR LIN	E 182 OE	EOBM 3X

ME (OF COMMITTEE (In Full)		
\mathcal{I}_{0}	ndiqua Chambo Co	ngocssions Action Committee	April 1988 April 1988 April 1986
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		Mam / Logo / Arganata	
		he conference because the second control of the conference of the	landson deed The observation of Bradesed Incidence decolitions
BRE	AKDOWN OF TRANSFER RECEIV	/ED	
i)	Total Administrative		
•			
ii)	Generic Voter Drive		
iii)	Exempt Activities	*:	
iv)	Direct Fundraising (List Activity or	Event Identifier)	
	***	<u>'</u>	_
	a)		
	,	haman haman da maria	2
	b)	Assert 7 Secret 7 Sec	
	c) Total Amount Transferred For Dire	ect Fundraising	
v)	Direct Candidate Support (List Acti	ivity or Event Identifier)	
			g
	a) <u>'</u>		
			-
	b)		
	c) Total Amount Transferred For Dire	ect Candidate Support	
	Public Communications Deferming		Inner Secret Sec
VI)	Public Communications Heterring	Only to Party (Made by PAC)	Comment to recommission and I there are the commission and I the commission and the commi
	TC	OTALS FOR BREAKDOWN OF TRANSFER RECEIVED	D
OTAL	This Daried (Administrative)	Control manufacture de la control de la cont	
JIAL	. This Period (Administrative)	Control of the Contro	Annual Control of the
OTAL	. This Period (Generic Voter Drive)		
	(20.000 0000 0000 0000 0000 0000 0000 00	Processed interested and processed in the second se	
OTAL	. This Period (Exempt Activities)		account amount 2 Secret
		Secretaria de la constitución de	
OTAL	This Period (Direct Fundraising)		<u> </u>
OTAL	This Period (Direct Candidate Suppo	ort)	Secret Description of Description of the Control of
OTAL	This Period (Public Communications	Referring Only to Party)	de la companya della companya della companya de la companya della
OTAL	This Devied /Total Assessed Trace forms	ed)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

j	PAGE	1	С	F	1	
	FOR	LINE	21a	OF	FORM	зх

Full Name (Last, First, Middle Initial)	Section of the section of the green	ic structure	
			Administrative Fundraising Exen
Mailing Address			Voter Drive Direct Candidate Supp
Dity	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	+ NONFEDER		= TOTAL AMOUNT
gamente and pro-	7,		
full Name (Last, First, Middle Initial)			Allocated Activity or Event:
			Administrative Fundraising Exen
Mailing Address			Voter Drive Direct Candidate Supp
Dity	State Zip Code	9	Public Comm (ref to party only) by PAC
Durana of Dish.	<u> </u>		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:			
Activity or Event Identifier:			
,	· ·	Category/ Type	Date / Date
FEDERAL SHARE	+ NONFEDER	AL SHARE	= TOTAL AMOUNT
full Name (Last, First, Middle Initial)			Allocated Activity or Event:
			Administrative Fundraising Exem
Mailing Address			Voter Drive Direct Candidate Supp
Dity	State Zip Code	•	Public Comm (ref to party only) by PAC
Purpose of Disbursement:	<u> </u>	<u> </u>	Allocated Activity or Event Year-To-Date
			2)
Activity or Event Identifier:		Category/	
		Type	Date
FEDERAL SHARE	+ NONFEDER	AL SHARE	= TOTAL AMOUNT
kanada mada mada mada mada mada mada mada			
		\ <u>\</u>	
TOTAL of Allocated Federal and NonFederal	eral Activity This Page		
FEDERAL SHARE	+ NONFEDER		= TOTAL AMOUNT
AL This Period (last page for each line or			
FEDERAL SHARE	NONFEDERA	AL CHADE	TOTAL AMOUNT

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	Ξ	OF		_	
FOR	LINE	18b OF	FOF	ìМ	3)

<u> </u>		ongerssional fo			N 203 - NO.
AME OF A	CCOUNT	DATE OF RECEI			UNT TRANSFERRED
		M M / D			
REAKDOV	N OF THIS TRANSFER				
	Voter Registration	,	VOTER REG		
''	Total Amount Transferred for	Voter Registration			
	Total Amount Transletted for	roter riegistration	-Americanica Indiana	VOTER ID	
ii)	Voter ID		Bearlannshmeder	AOLEU ID	and the same of th
	Total Amount Transferred for V	/oter ID		-Araban Parkson (a. 1881)	
:::\	COTY			GOTV	
111)	GOTV :: Total Amount Transferred for G	3OTV	- N	and married second seco	naturante de servicio de la companya del companya dela companya del companya de la companya de la companya del companya de
		30.1	L.	05N5DIO 04N5	
iv)	Generic Campaign Activity			GENERIC CAMP	AIGN ACTIVITY
•	Total Amount Transferred for (3eneric Campaign Activi	ity		())
	· 	·			
AME OF A	CCOUNT	DATE OF RECEI	IPT		UNT TRANSFERRED
		MAM / DA	D \ A A A A A A		
	•				
BEAKDOV	VN OF THIS TRANSFER			<u> </u>	
			VOTER REG	SISTRATION	
1)	Voter Registration	Votos Docistation			
	Total Amount Transferred for	voter Hegistration			
ii)	Voter ID		landaminate	VOTER ID	
	Total Amount Transferred for	Voter ID		males and Democratic Constitution of the Const	`
***				GOTV	
111)	GOTV Total Amount Transferred for	COTV	2 4		
	Total Amount Transferred for	3017			· ·
iv)	Generic Campaign Activity				PAIGN ACTIVITY
	Total Amount Transferred for	Generic Campaign Activ	ity		
	TOTALS FOR	R BREAKDOWN OF TR	ANSFER RECEIVE	D (Last Page Only)	
			•		
TOTAL	This Period (Voter Registration	nn)	and and market and an endine		
	· · · · · · · · · · · · · · · · · · ·	Cont.	and an address of the second s		•
TOTAL	This Boried (Voter ID)				
IOIAL	This Period (Voter ID)				
TOT**	This Desired (COTY)				
IAIOI	This Period (GOTV)	······			
			·		
TOTAL	This Period (Generic Campai	gn Activity)			10 2-2-4-12-1-1
		•		Anna Caraca Cara	estanthembankanthembark
-	This Period (Total Amount of				

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 OF FORM 3X

Indiana Chamber Congressional Action	And consister which is about
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaig
•	
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Only State Zip Gode	
D	MANN / DOTO / POVOY
Purpose of Disbursement	Category/ Date
	Type Beauthored Beauthouse Beauth
FEDERAL SHARE . + LEVIN SHAI	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
b. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOTV
	Voter ID Generic Campai
	Generic Campai
	Allocated Activity or Event Year-To-Date
Mailing Address	Allocated Activity of Event fear-10-Date
City State Zip Code	
Purpose of Disbursement	Category/ Date
•	Type Date
FEDERAL SHARE + LEVIN SHAI	RE = TOTAL AMOUNT
the first fi	
Indian tend to the first tend tend tend tend tend tend tend ten	
	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event: Voter Registration GOTV
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campai Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Allocated Activity or Event Year-To-Date Category/ Type TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Allocated Activity or Event Year-To-Date Category/ Type TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Allocated Activity or Event Year-To-Date Category/ Type TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT RE TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT RE TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAL BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAL TAL This Period (last page for each line only)(Federal share to 30(a)(i) and	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT RE TOTAL AMOUNT Levin share to 30(a)(ii))
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campa Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT Levin share to 30(a)(ii)) TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI TAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campai Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Lást, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI JETOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campai Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEVIN SHAI BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHAI TAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE LEVIN SHAI	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT TOTAL AMOUNT RE TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	Ludiana (hamber	Congressional Action Commit	tree
NAM	IE OF ACCOUNT		
		COLUMN(A)	
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
2	(c) Total		
Õ 2. 1 6 3	TOTAL RECEIPTS		
<u>.</u> 9—	(Add Lines 1c and 2)*	The state of the s	
<u>↓</u> 4. 2	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
8. 5	(a) Voter Registration	Commission of the commission o	Parameter 12 million methods of 12 million m
	(b) Voter ID		
0	(c) GOTV		
<u>4</u> 1	(d) Generic Campaign(e) Total	berender and 7 Same berender and 7 Same berender and Same berender and Same berender and	
8 7 7 5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		general agreement production of the second s
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

	PAGE	OF	
OR LINE NUMBER:	1a		2

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 committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Receipt 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 Mailing Address 28-03-Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 0_0c. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City Zip Code State 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. 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 SUBTOTAL of Receipts This Page (optional)..... 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 NUMB	ER:	PAG	E		OF	L
(check only one)			_	1		
	Щ	4a	L	4c		5
		4b		4d		

OF LEVIN FUNDS		Aggrega	tion Page	4b
Any information copied from such Reports or for commercial purposes, other than us	and Statements may raing the name and addr	not be sold o	or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Judiane Chamber	Congressional	Action	Committee	
Full Name (Last, First, Middle Initial) /	Full Organization Name			Date of Disbursement
· · · · · · · · · · · · · · · · · · ·				MVM, / DOD / JYNYTY
Mailing Address				
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				man and a second part of the conference of
Full Name (Last, First, Middle Initial) /	Full Organization Name		•	
Full Name (Last, First, Middle Initial) / B. Mailing Address				Date of Disbursement
Mailing Address				
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				And the district of Darker Land Darker
	Full Organization Name	· ·		
C.		ı		Date of Disbursement
Full Name (Last, First, Middle Initial) / C. Mailing Address City	 			
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		-		and the second s
	Full Organization Name			
Full Name (Last, First, Middle Initial) / D.	J			Date of Disbursement
Mailing Address				
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				maninganian in manganian panangan na p
Full Name (Last, First, Middle Initial) /	Full Organization Name	•		Date of Disbursement
	·			MAN / DAD / VAVEYEY
Mailing Address				
City	State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				
SUBTOTAL of Disbursements This Page	(optional)		······	
TOTAL This Period (last page this line n	umber only)			

fedex.com 1.800.GoFedEx

2 Your Internal Billing Reference Recipient's ON INDIANAPOLIS 2 Phone

5

ZP 46204-3420

FedEx Envelope*

FedEx Pak*
Includes FedEx Small Pek
FedEx Large Pak and FedEx Surdy Pak
Box

Other

Packaging

SATURDAY Delivery

Not available for
Foddar Standard Overnight
Foddar Frat Overnight Foddar F 6 Special Handling

Include FodEx address in Section 2.

HOLD Weekday
at FedEx (bocation
Arabalable
FedEx First Overnight.

HOLD Weekday

Arabalable
Overnight.

0384841716

Dept/Rept/Suite/Recom		
7 Payment Bill to:	No As regulated Shipper 6 Declaration not required. Our genous goods (including dry k-t) carrent be adopted in Fedit parkaging. Our genous goods (including dry k-t) carrent be adopted in Fedit parkaging. Dry Ice Dry Ice Thy	One box must be checked.
Obtain Reci Acct No. Cash	t Only	

Ottain Recip.
Acct. No.

Cash/Check

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

Direct Signature
Someone at recipients
address may sign for
delivery, free applies.

Indirect Signature
If no one is available at
recipients eddress, someone
at a neighboring eddress may
eign by delivery, fee applies.

6.15

Fed Ex.

8663 5400 6241

THU - 28 JAN AA STANDARD OVERNIGHT

20463 PO-US IAD

2015-JAN 28 AM 11:23

RECEIVED FEC MAIL GENTER

FID 422908 27JAN16 MZZA 539C1/0E61/4818

Align bottom of peel and stick airbill here

n MING DOCUMENTS dicate how it was received.
Date of Receipt
Date of Receipt
Postmarked (R/C)
Postmarked
Postmarked
Shipping Date 1 7 1 6 usiness Day Delivery
Date of Receipt
Date of Receipt
Date of Receipt
e of Receipt or Postmarked
1/28/16 DATE PREPARED