

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 JUN 08 AM 11:23

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION
COMMITTEE

ADDRESS (number and street)

115 W WASHINGTON ST SUITE 850 S

Check if different than previously reported. (ACC)

INDIANA IN 46204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00405597

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(c)

12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

(d)

30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Type or Print Name of Treasurer

Jeff Brantley

Signature of Treasurer

Jeff Brantley

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the 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

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		5,411.90
(b) Cash on Hand at Beginning of Reporting Period.....	5,411.90	
(c) Total Receipts (from Line 19)	6,750.00	6,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12,161.90	12,161.90
7. Total Disbursements (from Line 31).....	3,500.00	3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11,811.90	11,811.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

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).....

5,900.00

5,900.00

(ii) Unitemized.....

0

0

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

5,900.00

5,900.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

650.00

650.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6,750.00

6,750.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

6,750.00

6,750.00

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

6,750.00

6,750.00

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3,500.00	3,500.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	3,500.00	3,500.00
29. Other Disbursements	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3,500.00	3,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,500.00	3,500.00

4588140000281010610

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 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)

6,750.00
3,500.00
6,400.00
0
0
0

6,750.00
3,500.00
6,400.00
0
0
0

2016011208010004100000

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 4
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

Full Name (Last, First, Middle Initial)

A. *Robert L. Koch II*

Mailing Address

4120 Mulberry Place

City

Evansville

State

IN

Zip Code

47714

FEC ID number of contributing federal political committee.

C

Name of Employer

Koch Enterprises Inc.

Occupation

Chairman

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,500.00

Date of Receipt

8 / 14 / 2015

Amount of Each Receipt this Period

3,500.00

Full Name (Last, First, Middle Initial)

B. *Devin Anderson*

Mailing Address

10078 Summer Lakes Drive

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing federal political committee.

C

Name of Employer

EBA Companies

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

8 / 31 / 2015

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. *Anne Hathaway*

Mailing Address

4505 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing federal political committee.

C

Name of Employer

Hathaway Strategies

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,500.00

Date of Receipt

8 / 31 / 2015

Amount of Each Receipt this Period

3,500.00

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE <u>2</u> OF <u>4</u>
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

A. Samuel C. Schlosser

Full Name (Last, First, Middle Initial)
Samuel C. Schlosser

Mailing Address
P.O. Box 523

City
Plymouth State
IN Zip Code
46563

FEC ID number of contributing federal political committee.
C

Name of Employer
Plymouth Foundry Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 350.00

Date of Receipt
09 / 31 / 2015

Amount of Each Receipt this Period
350.00

B. Hill Rom PAC

Full Name (Last, First, Middle Initial)
Hill Rom PAC

Mailing Address
1069 State Route 46 E

City
Batesville State
IN Zip Code
47006

FEC ID number of contributing federal political committee.
C00446993

Name of Employer
 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 350.00

Date of Receipt
09 / 04 / 2015

Amount of Each Receipt this Period
350.00

C. Paul M. Thrift

Full Name (Last, First, Middle Initial)
Paul M. Thrift

Mailing Address
901 Webash Ave., Suite 300

City
Terre Haute State
IN Zip Code
47807

FEC ID number of contributing federal political committee.
C

Name of Employer
Thompson-Thrift Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 350.00

Date of Receipt
10 / 19 / 2015

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... 350.00

TOTAL This Period (last page this line number only)..... 350.00

2016-01-28 AM 00041001

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 3 OF 4
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. *Red Gold Inc. PAC*

Full Name (Last, First, Middle Initial)
Red Gold Inc. PAC

Mailing Address
P.O. Box 63

City *Elwood* State *IN* Zip Code *46036*

FEC ID number of contributing federal political committee. *C00390112*

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *50000*

Date of Receipt *6/31/2015*

Amount of Each Receipt this Period *50000*

B. *Thomas V. Easterday*

Full Name (Last, First, Middle Initial)
Thomas V. Easterday

Mailing Address
15 Williamsburg Court

City *Zionsville* State *IN* Zip Code *46077*

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation
Subaru of Indiana Executive V.P.

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *25000*

Date of Receipt *6/31/2015*

Amount of Each Receipt this Period *25000*

C. *Dennis E. Faulkenberg*

Full Name (Last, First, Middle Initial)
Dennis E. Faulkenberg

Mailing Address
177 W. Winfield Blvd.

City *Indianapolis* State *IN* Zip Code *46208*

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation
APPRIAN President & CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date *35000*

Date of Receipt *6/31/2015*

Amount of Each Receipt this Period *35000*

SUBTOTAL of Receipts This Page (optional) *7*

TOTAL This Period (last page this line number only)

2015-01-10 10:00:00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **4** OF **4**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas G. Hiron
 Full Name (Last, First, Middle Initial)
 Mailing Address: *450 E. Ohio Street, Apt. 203*
 City: *Indianapolis* State: *IN* Zip Code: *46204*
 Date of Receipt: *11 / 06 / 2015*
 Amount of Each Receipt this Period: *3,000.00*
 FEC ID number of contributing federal political committee: *C*
 Name of Employer: *Hiron & Company* Occupation: *President & CEO*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: *3,000.00*

B. Kevin M. Grinegar
 Full Name (Last, First, Middle Initial)
 Mailing Address: *153 Wellington Pkwy.*
 City: *Noblesville* State: *IN* Zip Code: *46060*
 Date of Receipt: *12 / 01 / 2015*
 Amount of Each Receipt this Period: *2,000.00*
 FEC ID number of contributing federal political committee: *C*
 Name of Employer: *Indiana Chamber of Commerce* Occupation: *President & CEO*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: *2,000.00*

C. Thompson Thrift Development Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address: *901 Wabash Ave. Suite 300*
 City: *Terre Haute* State: *IN* Zip Code: *47807*
 Date of Receipt: *09 / 21 / 2015*
 Amount of Each Receipt this Period: *3,500.00*
 FEC ID number of contributing federal political committee: *C*
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: *3,500.00*
*• Contribution refunded
Please see schedule B*

SUBTOTAL of Receipts This Page (optional)..... *6,750.00*
TOTAL This Period (last page this line number only)..... *6,750.00*

2015-01-28 PM 00:00:10

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

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 only).....▶

2010-01-28 PM 0004:0000

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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

A.

Full Name (Last, First, Middle Initial)
Thompson Think Development Inc.

Mailing Address
901 Wabash Ave., Suite 300

City: *Terre Haute* State: *IN* Zip Code: *47807*

Purpose of Disbursement
Refund from contribution in schedule A

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2015

Amount of Each Disbursement this Period
3,500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *3,500.00*

TOTAL This Period (last page this line number only) *3,500.00*

2016-01-01-00004-18801

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- 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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

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

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

2010-01-20 10:00 AM

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER C <u>00405597</u>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Date account established: _____ Address:
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

2019-01-10 10:00:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF 1

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

2016-01-28 PM 00:04:08

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

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER C 0 0 4 0 5 5 9 7
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

2016-01-28 03:00:41:895

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General

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

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

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

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

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

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

2016-01-20 09:00:00

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %

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

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

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

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative []

ii) Generic Voter Drive []

iii) Exempt Activities []

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Fundraising []

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____ []

b) _____ []

c) Total Amount Transferred For Direct Candidate Support []

vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) []

TOTAL This Period (Generic Voter Drive) []

TOTAL This Period (Exempt Activities) []

TOTAL This Period (Direct Fundraising) []

TOTAL This Period (Direct Candidate Support) []

TOTAL This Period (Public Communications Referring Only to Party) []

TOTAL This Period (Total Amount Transferred) []

2010-01-20 10:00:00 AM

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Year-to-date bar chart

Date

MM/DD/YYYY date fields

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

Federal share bar chart

Nonfederal share bar chart

Total amount bar chart

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Year-to-date bar chart

Date

MM/DD/YYYY date fields

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

Federal share bar chart

Nonfederal share bar chart

Total amount bar chart

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Year-to-date bar chart

Date

MM/DD/YYYY date fields

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

Federal share bar chart

Nonfederal share bar chart

Total amount bar chart

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

Federal share bar chart

Nonfederal share bar chart

Total amount bar chart

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

Federal share bar chart

Nonfederal share bar chart

Total amount bar chart

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date <input style="width:100%; height: 15px;" type="text"/>		
City	State	Zip Code	Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/>		
Purpose of Disbursement		<input style="width: 40px; height: 15px;" type="text"/>	Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		=
<input style="width: 100%; height: 15px;" type="text"/>			<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date <input style="width:100%; height: 15px;" type="text"/>		
City	State	Zip Code	Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/>		
Purpose of Disbursement		<input style="width: 40px; height: 15px;" type="text"/>	Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		=
<input style="width: 100%; height: 15px;" type="text"/>			<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date <input style="width:100%; height: 15px;" type="text"/>		
City	State	Zip Code	Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/>		
Purpose of Disbursement		<input style="width: 40px; height: 15px;" type="text"/>	Category/Type		
FEDERAL SHARE		+	LEVIN SHARE		=
<input style="width: 100%; height: 15px;" type="text"/>			<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		=
<input style="width: 100%; height: 15px;" type="text"/>			<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT	
<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>	
TOTAL This Period for the Levin Share					
<input style="width: 100%; height: 15px;" type="text"/>					

2010-10-10 10:00:00 AM

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

NAME OF ACCOUNT

COLUMN A
TOTAL THIS PERIOD

COLUMN B
YEAR-TO-DATE

1. RECEIPTS FROM PERSONS

(a) Itemized
 (Use Schedule L-A)

(b) Unitemized

(c) Total

2. OTHER RECEIPTS

3. TOTAL RECEIPTS

(Add Lines 1c and 2)

4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT
 (Use Schedule L-B)

(a) Voter Registration

(b) Voter ID

(c) GOTV

(d) Generic Campaign

(e) Total

5. OTHER DISBURSEMENTS

6. TOTAL DISBURSEMENTS

(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND

(for Column B, use cash as of January 1st)

8. RECEIPTS

(from Line 3)

9. SUBTOTAL

(Add Lines 7 and 8)

10. DISBURSEMENTS

(From Line 6)

11. ENDING CASH ON HAND

(Subtract Line 10 From Line 9)

2016-01-01 00:00:00

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REC1

City INDIANAPOLIS

State IN ZIP 46204-3420

2 Your Internal Billing Reference

3 To

Recipient's Name *FedEx Financial Services* Phone *600.444.4400*

Company *FLC*

Recipient's Address *444 N. Meridian St.*

Dept./Room/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address *City State ZIP*

0384841715



8663 5400 6241

Use in conjunction with the shipping label.

** To most locations.

- 5 Packaging
- FedEx Envelope*
 - FedEx Pat* (Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak)
 - FedEx Box
 - FedEx Tube
 - Other (Declared value limit \$50)

6 Special Handling

- Saturday Delivery (FedEx Small Pak and Overnight, FedEx Priority Overnight, FedEx Express Saver, or FedEx 2Day Freight)
- HOLD Saturday at FedEx Location (FedEx Priority Overnight, FedEx 2Day, FedEx Overnight, and FedEx 2Day)
- HOLD Weekday at FedEx Location (FedEx Priority Overnight, FedEx Overnight, and FedEx 2Day)
- Dry Ice (By Fed. S. 101.185)
- CargO Aircraft Only

- 7 Payment Bill to:
- Sender (Sender's Signature Required)
 - Recipient
 - Third Party
 - Credit Card
 - Cash/Check

8 Residential Delivery Signature Options

No Signature Required (Package may be left without obtaining a signature for delivery)

Direct Signature (Someone at recipient's address may sign for delivery. Fee applies)

Indirect Signature (If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies)

519

*Our liability is limited to \$100, unless you declare a higher value. See the current FedEx Service Guide for details.

** Date 1/28/01 15:27:01-15:28:01 FedEx-PRINTED IN U.S.A. -SBS

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FZ
9 15:00
6241 10 28

RECEIVED
FEC MAIL CENTER
JAN 28 11:11 AM '02

FedEx
TRK# 8663 5400 6241

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20463
DC-US
IAD



FTD 422988 27JAN16 WZZA 539C1/0/551/4818

Align bottom of peel and stick airbill here.

NO. 101 011 1001 0M 1 0000110010

