FEC FORM		AND	DRT O DISB r Than An	URSE	MENT	S 2028	RECEIV IC MAILC JAN 17	ED ENTER PM 12: 28	,
1. NAME OF COMMIT	= FEE (in full)	TYPE OR	PRINT V		ample. If typi er the lines.	ing, type	12FE4M	[5	
	, <mark>СҢАӍ</mark> ВЕҒ	R CONGF	RESSION	<mark>Α</mark> ͺ ΑϹΤΙϚ	ру соми	AITTEE .	I., I. I. I.,		
•	mber and street)	1 15 V	γΕΝΤ ΨΑ			ET, SUITI	နှစ်ပုံချ		
than	k if different previously ted. (ACC)	L INPI.	ANAPOLI	 S				<u></u>	
2. FEC IDE	NTIFICATION		,	CITY ▲		S	STATE 🔺	ZIP C	ODE 🔺
C 004	405597			3. IS THIS REPORT		NEW (N) OR		MENDED)	
(Choose C	DF REPORT		nthly port e On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
_	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
	Quarterly Report	(Q1) (C)	12-Day		Primary (12	P)	General	(12G)	Runoff (12R)
	Quarterly Report October 15 Quarterly Report		PRE-Electio Report for t		Convention	(12C)	Special	(12S)	
	January 31 Year-End Report	(YE)	E	Election on			*****	in the State	
	July 31 Mid-Year Report (Non-elec Year Only) (MY)		30-Day POST -Elect Report for t		General (30	G)	Runoff (30R)	Special (30S)
	Termination Repo (TER)	prt	·	Election on			· · · · · · · · · · ·	in the State	
5. Covering	Period	11 [′] 29	<u>ٌ</u> (202	22	through	12	′ 31 °	2022]
I certify that I	have examined			est of my kno	wledge and	belief it is tru	e, correct an	d complete.	
Type or Print	Name of Treasu	irer Jeff	Brantley						
Signature of T	reasurer	<u>Jell</u>	Bur	~		D	ate 0	05	2023
NOTE: Submis	sion of false, erro	oneous, or in	complete infor	mation may s	ubject the per	rson signing th	is Report to t	he penalties of 5	2 U.S.C. § 30109.
Offic Us	e							FEC FO Rev. 05	

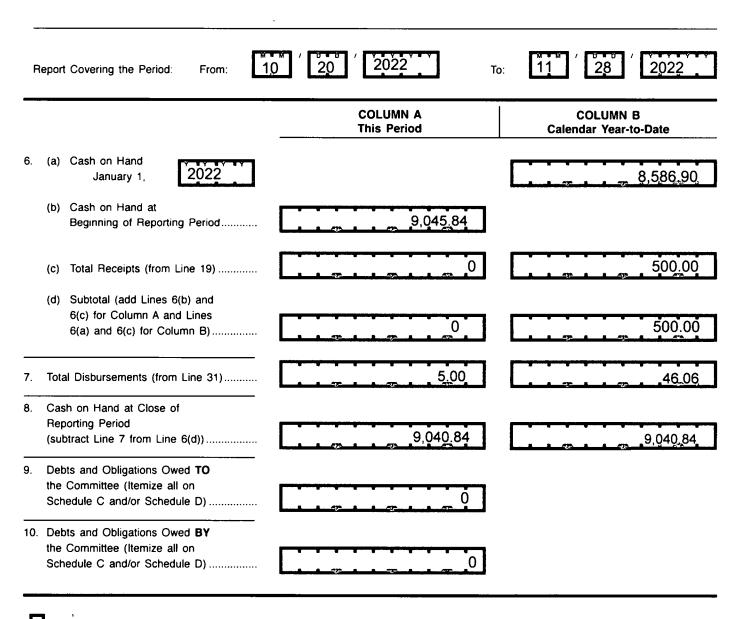
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΄,

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name



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

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

Page 2

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Re	eport Covering the Period. From:	29 2022 To	12 ⁽¹³¹⁾ ⁽¹²⁰²²⁾
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees	· · · · · · · · · · · · · · · · · · ·	
	(i) Itemized (use Schedule A)	0	500.00
	(ii) Uniternized (iii) TOTAL (add	0	0
	Lines 11(a)(i) and (ii)▶	0	500.00
	(b) Political Party Committees	0	
	(c) Other Political Committees (such as PACs)	0	500_00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0	0
12.	Transfers From Affiliated/Other		
	Party Committees		U Contraction of the second seco
13.	All Loans Received	0	0
	Loan Repayments Received	0	0
	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
	Other Federal Receipts		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)		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))▶	0	500,00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0	500.00

Page 3

of Disbursements

COLUMN A

Total This Period

5 .00

5.00

0

5.00

n

COLUMN B

Calendar Year-to-Date

II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share

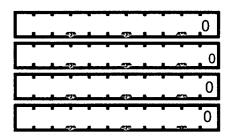
(ii) Non-Federal Share.....

FEC Form 3X (Rev. 05/2016)

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

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Page 4

DETAILED SUMMARY PAGE

of Disbursements

•	FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	0	500
34.	Total Contribution Refunds (from Line 28(d))	0	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	5.00	46.
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0	
38.		5.00	46

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500.00

46.06

<u>46.06</u>

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER. PAGE 1 OF 1 (check only one)					
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a							
NAME OF COMMITTEE (In Full)							
Indiana Chamber Congressional Acti	on Committee						
Full Name of Individual (Last, First, Middle Initial) or Full Or A.	rganization Name	Date of Receipt					
Mailing Address							
City State	Zip Code						
		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual)	upation (for Individual)	Memo Item					
	Year-to-Date V	-					
Primary General Other (specify) ▼	œ_1_1_œ_1_1,						
Full Name of Individual (Last, First, Middle Initial) or Full O. B.	rganization Name	Date of Receipt					
Mailing Address							
City State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Occu	upation (for Individual)	Memo Item					
	Year-to-Date ▼	-					
Primary General Other (specify) ▼	Å Å Å .						
Full Name of Individual (Last, First, Middle Initial) or Full O C.	rganization Name	Date of Receipt					
Mailing Address							
City State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Occu	upation (for Individual)	Memo Item					
Receipt For: Aggregate Primary General Other (specify)	Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)	····· •						
TOTAL This Period (last page this line number only)	•						

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SCHEDULE B (FEC Form 3X)						NUMBER: PAGE 1 OF 1							
TEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the				k only one) 21b 22 23 26 27							
	Detailed	Summary Page			28a	281	,	23 28c	Н	29		27 30b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
Indiana Chamber Congression	nal Action	Committee											
Full Name (Last, First, Middle Initial)						Dete	-4 D						
.						Date		isburse	emen				-
Mailing Address								Ĺ		L	_		
City	State	Zip Code				FEC	Ident	ificatio	n Nu	mber			
Purpose of Disbursement	_ _	Ì	_		7	С							
Candidate Name			Cate		//	Amou	int of	Each	Dist	ursen	nent	this Pe	riod
Office Sought: House Disbu	sement For:			уре						_			
Senate President	Primary Other (sp	Generał ecify) ▼				п.							
State: District:				_			nemo	Item					
Full Name (Last, First, Middle Initial)						Date	of D	isburse	emen	t			
Mailing Address													
City	State	Zip Code				FEC	Ident	ificatio	n Nu	mber			
Purpose of Disbursement	1	Ì		•	7	C							
Candidate Name	<u> </u>	L	Cate T\	egory	//	Amount of Each Disbursement this Period					riod		
	sement For:	L							-				
President	Primary Other (spi	General						<i>*</i> .					
State: District		ecny)					/lemo	Item					
Full Name (Last, First, Middle Initial)						Date	of D	isburse	emen	•			
							העד	0		/ Г Т	ΓY Ι		٦
Mailing Address						L				L			
City	State	Zıp Code				FEC	Ident	ificatio	n Nu	mber			
Purpose of Disbursement													
Candidate Name Category/ Type						Amou	int of	Each	Dist	ursen	nent	this Pe	nod
Office Sought: House Disbu	sement For:	I	<u>ر ا</u>		\neg		_1						
Senate	Primary							-					
State: District:	Other (sp	ecity) 🔻					/lemo	Item					
·					1					•			
SUBTOTAL of Disbursements This Page (optional	ıl)			•••••	►	L		×	·R.			<u></u>	
TOTAL This Period (last page this line number o	nlv)				_		ť	• •			• •		-

SCHEDULE C (FEC Form 3X)

LOANS			Use separate schedule(for each category of the Detailed Summary Page	,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,
NAME OF COMMITTEE (In Fu	II)			
Indiana Chamb		ional Action	Committee	
LOAN SOURCE Full Nam	e (Last, First, Mi	ddle Initial)	🗌 Memo Item	Election: Primary General
Mailing Address				Other (specify) ▼
City		State	ZIP Code	
Original Amount of Loan		Cumulative Pa	ayment To Date Bala	nce Outstanding at Close of This Period
	d	× × × /	Date Due Interest Rate	Secured: % (apr) Yes No
List All Endorsers or Gua	rantors (if any) t	o Loan Source)	
1. Full Name (Last, First, N	fiddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, N	liddle Initial)	<u></u>	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, N	Iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, N	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Arnount Guaranteed Outstanding:	
SUBTOTALS This Period This	Page (optional)		······ [
TOTALS This Period (last pag	e in this line only	y)		
Carry outstanding balance or	ly to LINE 3, Sch	nedule D, for th	is line. If no Schedule D, carry for	ward to appropriate line of Summary.

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)			FEC IDENTIFICATION NUMBER				
Indiana Chamber C	Congressional Act	tion Committee	С				
LENDING INSTITUTION (LENDER)	Amo	ount of Loan	Interest Rate (APR)				
Full Name							
	L.s.	<u></u>					
Mailing Address			[W = W] / [0 = 0] / [V = V = V = V]				
City State Z	p Code	e Incurred or Established					
		e Due					
A. Has loan been restructured?	Yes If y	es, date originally incurred					
B. If line of credit,		Total Outstanding					
Amount of this Draw:		Balance					
C. Are other parties secondarily liable to	Are other parties secondarily liable for the debt incurred?						
		reported on Schedule C.)					
D. Are any of the following pledged as o property, goods, negotiable instrumen	ts, certificates of depos	it, chattel papers,	hat is the value of this collateral?				
stocks, accounts receivable, cash on	deposit, or other simila		A				
			pes the lender have a perfected security				
			erest in it? No Yes				
E. Are any future contributions or future collateral for the loan?	receipts of interest inco Yes If yes, specify:		hat is the estimated value?				
A depository account must be establi to 11 CFR 100.82(e)(2) and 100.142(sheu pursuani	cation of account.					
Date account established:		ldress:					
		h. Otata Zia					
		ty, State, Zip:					
F. If neither of the types of collateral des the loan amount, state the basis upor							
G. COMMITTEE TREASURER			DATE				
Typed Name			[H = H] / [0 = D] / [V = Y = Y = Y				
Signature							
H. Attach a signed copy of the loan age	reement.						
I. TO BE SIGNED BY THE LENDING	INSTITUTION ·						
 To the best of this institution's k are accurate as stated above. 	nowledge, the terms of	the loan and other informati	on regarding the extension of the loan				
II. The loan was made on terms a	nd conditions (including	interest rate) no more favor	able at the time than those imposed for				
similar extensions of credit to of III. This institution is aware of the r complied with the requirements	equirement that a loan	must be made on a basis w	hich assures repayment, and has this loan.				
AUTHORIZED REPRESENTATIVE			DATE				
Typed Name Signature	Title						
orginatio	1.00						

SCHEDULE D (FEC Form 3X)				PAGE 1 OF 1		
· · ·			(Use separate schedule(s)	FOR LINE NUMBER:		
DEBTS AND OBLIGATIONS			for each	(check only one)		
Excluding Loans			numbered line)	10		
NAME OF COMMITTEE (In Full) Indiana Chamber Congressi	onal Actic	on Committee				
A. Full Name (Last, First, Middle Initial) of Debtor,	or Creditor		Nature of D	ebt (Purpose):		
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period		•				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period		
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of D	ebt (Purpose):		
Mailing Address		<u></u>				
City	State	Zip Code				
Outstanding Balance Beginning This Period		- I	I			
	D		0.4444	Deleges of Olege of This Deviad		
Amount Incurred This Period	Payl	ment This Period	Outstandi	ng Balance at Close of This Period		
						
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Nature of Debt (Purpose).		
Mailing Addrose						
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period		•	•	. <u>.</u>		
Amount Incurred This Period	Рам	ment This Period	Outstandi	ng Balance at Close of This Period		
			-			
1) SUBTOTALS This Period This Page (optional)						
2) TOTALS This Period (last page this line number o	nly)	······				
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)				
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summai	y Page (last page on	ly) ►			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

- -

	2		PAGE 1 OF 1 FOR LINE 24 OF FORM 33
IAME OF COMMITTEE (In Fuli)			
Indiana Chamber Congressional Act	ion Commit	ttee	C
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on the f
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure	<u> </u>	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary Genera Other (specify) ▶
Full Name of Payee		🗍 Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
City	State	Zip Code	
Purpose of Expenditure	<u> </u>	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	Disbursement For: Primary Generation
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: □ Primary Generation □ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		
(a) SUBTOTAL of Uniternized Independent Expenditu	Jres		
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Signatura		Date	9
Signature			FEC Schedule E (Form 3X) Rev. 0/2

-

I I

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

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)										
	Indiana Chamber Congressio		Actio							
	s your committee been designated to mal prdinated expenditures by a political party		ittee?	Full M	Name of Subo	ordinate Committee				
lf Y	If YES, name the designating committee: Mailing Address									
				City				State	ZIPC	Code
Full Name (Last, First, Middle Initial) of Each Payee						Purpose of	Expenditure	<u></u>	Category/	
	Mailing Address						Date			Туре
	City		State		Zip Code					
					State: District:	Amount				
	Aggregate General Election Expenditure for this Candidate ►						┤┖╍╺	~~ *_*_*		<u></u>
Full Name (Last, First, Middle Initial) of Each Payee						Purpose of	Expenditure		Category/ Type	
	Mailing Address		-				Date			
	City		State		Zip Code			/		
	Name of Federal Candidate Supported	Office	Sough		House Senate Presidential	State: District:	Amount			
	Aggregate General Election Expenditure for this Candidate ►	• •							<u> </u>	
	Full Name (Last, First, Middle Initial) of	Each P	ayee			Memo Item	Purpose of	Expenditure		Category/
	Mailing Address						Date	<u>.</u>		Туре
	City		State		Zip Code			/ 0 0 /		Y Y Y Y Y
	Name of Federal Candidate Supported	Office	Sough	t.	House Senate Presidential	State: District:	Amount	v 8 v		••••
	Aggregate General Election Expenditure for this Candidate ►									
S	SUBTOTAL of Expenditures This Page (optional)									
Т	TOTAL This Period (last page this line number only)									

FEC Schedule F (Form 3X) Rev 05/2016

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

Indicate ratio below		
Federal		%
Nonfederal		%
This ratio applies to (check all that apply):	
	Generic Voter Drive	

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLOCATION RATIOS		PAGE 1 OF 1			
NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SU ACTIVITIES APPEARING ON THIS REPORT.	JPPORT				
Methods of allocation:					
 FUNDRAISING activities are allocated using the "funds received method" v expenses must equal the federal proportion of monies raised. 	where the federal prop	ortion of			
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit deri tivity. For PACs Only: Direct candidate support includes public communica federal and nonfederal candidates, regardless of whether there is a referer are allocated using a time/space method.	ved by federal candida tions or voter drives th	ates from the ac- hat refer to both			
	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	••••••••••••••••••••••••••••••••••••••				
CHECK IF THE RATIO IS:	······································	%			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
	•••••]				
CHECK IF THE RATIO IS:	••••••••••••••••••••••••••••••••••••••	%			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
CHECK IF THE RATIO IS	<u> </u>	%			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:					
CHECK IF THE RATIO IS:	<u> </u>	%			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
Fundraising Direct Candidate Support	%	%			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
	••••••••••••••••••••••••••••••••••••••				
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

	-	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
Indiana Chamber Cong	ressional Action Committee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		·
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Ever	nt Identifier)	
a)		
b)		
c) Total Amount Transferred For Direct F	undraising	
v) Direct Candidate Support (List Activity	or Event Identifier)	
a)		
		7
b)	— L	
c) Total Amount Transferred For Direct (Candidate Support	
vi) Public Communications Referring Onl	y to Party (Made by PAC)	
IOTAL	LS FOR BREAKDOWN OF TRANSFER RECEIN	
TOTAL This Period (Administrative)		
	┟── ──────────────────────────────────	╧╩┈┶┈┾┈┾┈╬┉╬┉╬┉╬┉╢
TOTAL This Period (Generic Voter Drive)		
		
TOTAL This Period (Exempt Activities)		A _ A _ 77 _ A _ 77 _ A
		• • • • • • • • • •
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Poriod (Public Communications Def		
TOTAL This Period (Public Communications Ref		
TOTAL This Period (Total Amount Transferred)		

FEC Schedule H3 (Form 3X) Rev. 05/2016

PAGE

OF

1

1

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

-			

NAME	OF	COMMITTEE	(In Full)

	Indiana Chamber Congi	ressional	Action Cor	nmittee	
A .	Full Name (Last, First, Middle Initial)	Memo Item	Allocated Activity or Event		
	Mailing Address	Administrative Fundraising Exempt			
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/ Type	
		+	NONFEDERAL		
	FEDERAL SHARE				
		L			
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		I		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			27 <u>. d. d. 27.</u>	<u></u>	
C .	Full Name (Last, First, Middle Initial)		<u></u>	Merno Item	Allocated Activity or Event:
C .	Full Name (Last, First, Middle Initial) Mailing Address			Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
C.	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Mailing Address	State	Zip Code	Memo Item	Administrative Fundraising Exempt
C.	Mailing Address City	State	Zip Code	Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Mailing Address City Purpose of Disbursement:	State	Zip Code	Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Mailing Address City Purpose of Disbursement:	State	Zip Code	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C.	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:			Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ret to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	+	NONFEDERAL	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	+ Activity This	NONFEDERAL Page	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date M / D / Y Y Y Y Date TOTAL AMOUNT
SI	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	+ Activity This +	NONFEDERAL Page NONFEDERAL	Category/ Type SHARE SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
SI	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE DTAL This Period (last page for each line only)	+ Activity This +	NONFEDERAL Page NONFEDERAL	Category/ Type SHARE SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT = TOTAL AMOUNT TOTAL AMOUNT are to 21(a)(iii))

_ ... _____

FEC Schedule H4 (Form 3X) Rev. 05/2016

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and L	ocal Party Committees Only.	PAGE 1 OF 1 FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Col	ngressional Action Committe	
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for		REGISTRATION
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	- The day of the day o
iii) GOTV	r	GOTV
Total Amount Transferred for	GOTV	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTEF	REGISTRATION
Total Amount Transferred for	Voter Registration	
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	
iii) GOTV		GOTV
Total Amount Transferred for	GOTV	
	•	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	
	, , , , , , , , , , , , , , , , , , ,	
TOTALS FO	R BREAKDOWN OF TRANSFER REC	EIVED (Last Page Only)
TOTAL This Period (Voter Registrati	on)	
TOTAL This Period (Voter ID)		***
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campa	aign Activity)	
TOTAL This Period (Total Amount o	f Transfers Received)	

SCH	EDULE I	H6 (FEC	Form 3	SX)		
DISE	BURSEM	ENTS OF	FEDEF	RÁL AND L	EVIN FUN	DS
FOR	ALLOC	ATED FE	DERAL	ELECTION	I ACTIVITY	
(To b	e used bv	State, Dis	trict and	Local Party	Committees	Only)

PAGE 1 OF 1 FOR LINE 30a OF FORM 3X

o oo acca oy claic,						
AME OF COMMITTEE (In Full)						
Ir	ndiana Chamber (Congressional	Action Comm	ittee		
A. Full Name (Last, First	t, Middle Initial) / Full Org	anization Name	Memo Item	Type of Allocated Voter Registr Voter ID	ation GOTV	Campaigr
Mailing Address				Ailocated Act	ivity or Event Year-To	-Date
City	State	Zip Code			<u></u>	
Purpose of Disbursemen	nt		Category/ Type	Date	/	, , ,
FEDERAL	L SHARE +	LEVIN		=		
			AAA			
B. Full Name (Last, First	t, Middle Initial) / Full Org	anization Name	Memo Item	Type of Allocated		
				Voter ID		Campaigr
Mailing Address				Allocated Act	ivity or Event Year-To	-Date
City	State	Zip Code		┤┖┈╸		
Purpose of Disbursemen	it	1	Category/ Type	Date		, , , ,
FEDERAL	L SHARE +	LEVIN	I SHARE	=	TOTAL AMOUNT	
- 		·····				
C. Full Name (Last, Firs	t, Middle Initial) / Full Org	anization Name	🗌 Memo Item	Type of Allocated Voter Registre Voter ID		Campaigr
Mailing Address				Allocated Act	ivity or Event Year-To	
City	State	Zip Code				
Purpose of Disbursemen	nt		Category/ Type	Date		
FEDERAI	L SHARE +	LEVIN		=	TOTAL AMOUNT	
BTOTAL of Shared Fede	eral and Levin Activity Thi	s Page				
FEDERAL	SHARE +	LEVIN	I SHARE		TOTAL AMOUNT	••••]
TAL This Period (last pa	ge for each line only)(Fed	leral share to 30(a)(i	i) and Levin share to	 30(a)(ii))		
FEDERAI	L SHARE				TOTAL AMOUNT]
	<u></u>	LEVIN	I SHARE			
OTAL This Period for the	Levin Share		<u></u>			

FEC Schedule H6 (Form 3X) Rev. 05/2016

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

NAME OF COMMITTEE (In Full)					
Indiana Chamber Congressional Action Committee					
NAM	NAME OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS				
	(a) Itemized (Use Schedule L-A)	A A 77 A A 77 A A 77 A			
	1		· · · · · · · · · · · · · · · · · · ·		
	(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.	(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND (tor Column B. use cash as of January 1st)				
8.	RECEIPTS				
9.	SUBTOTAL				
10.	DISBURSEMENTS (From Line 6)				
11.	ENDING CASH ON HAND				

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

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

FOR LINE NUMBER: (check only one)

PAGE

۱a

1 OF

2

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NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

/						
Α.	Full Name of Individual (Last, First, Middle Initial) or Full C	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item				
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)		1	Aggregate Year-to-Date		
	Occupation (for Individual)					
в.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Nan	ne 🗌 Memo Item	Date of Receipt		
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	L	<u> </u>	Aggregate Year-to-Date		
	Occupation (for Individual)					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item C. Mailing Address				Date of Receipt		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	I	L	Aggregate Year-to-Date		
	Occupation (for Individual)					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item D.				Date of Receipt		
Mailing Address				Amount of Each Desciptible Design		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)					
s	UBTOTAL of Receipts This Page (optional)		····· •			
т	OTAL This Period (last page this line number only)		••••••			

FEC Schedule L-A (Form 3X) Rev. 05/2016

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

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

FOR LINE NUMBER:	PAGE 1	OF 1
(check only one)	4a 4c	5

OF LEVIN FUNDS			for each category of the Aggregation Page	$\begin{array}{c c} 4a & 4c & 5 \\ 4b & 4d & 4d \end{array}$
	y information copied from such Reports and State for commercial purposes, other than using the nar			
\backslash	NAME OF COMMITTEE (In Full)			
/	Indiana Chamber Congre	essional /	Action Committee	
Α.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name	Memo Item	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Full Name (Last First Middle Isitial) / Full Occasi			
B .	Full Name (Last, First, Middle Initial) / Full Organi	zation Name	🗌 Memo Item	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		<u> </u>	
<u>_</u> .	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
	Mailing Address			
	-	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name				Date of Disbursement
Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · · ·	
E.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name	Memo Item	Date of Disbursement
Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	7
s	UBTOTAL of Disbursements This Page (optional)			
	OTAL This Period (last page this line number only		<u> </u>	

FEC Schedule L-B (Form 3X) Rev. 05/2016

US POSTAGE MIRNEY BOWES ZIP 46204 \$ 002.16⁰ 0000372034 JAN. 05 2023 **20**23 J Federal Election Commission 1050 First Street NE Washington, DC 20463 202M: 04- 18 - 0M: 004M2877 /. Washington St. | Suite 850S | Indianapolis, IN 46204 LEADING BUSINESS ADVANCING INDIANA

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Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked '
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Bel	01-17-202
PREPARER (3/2015)	DATE PREPARED

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