

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

Office Use Only 2015 JUL 23 AM 9:42

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)

1115 W WASHINGTON ST, SUITE 1850S

Check if different than previously reported. (ACC)

INDIANAPOLIS 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)

(a) Quarterly Reports:

- 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)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

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

in the State of

State

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2015

through

MM / DD / YYYY  
06 / 30 / 2015

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  
07 / 21 / 2015

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:

M  M  /  D  D  /  V  V  V  V  V  V  
01 / 01 / 2015

To:

M  M  /  D  D  /  V  V  V  V  V  V  
06 / 30 / 2015

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

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

Write or Type Committee Name

*Indiana Chamber Congressional Action Committee*

Report Covering the Period: From:

*01 / 01 / 2015*

To:

*06 / 30 / 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).....

*0*

*0*

(ii) Unitemized.....

*0*

*0*

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

*0*

*0*

(b) Political Party Committees.....

*0*

*0*

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

*0*

*0*

(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.....

*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)).....▶

*0*

*0*

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

*0*

*0*

NON-FEDERAL TRANSFERS

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

UNCLASSIFIED INFORMATION

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....		

NON-FEDERAL CAMPAIGN FINANCING

**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	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 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*

**A.**

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).....▶

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**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 1 OF 1

<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

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*

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

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

2025 RELEASE UNDER E.O. 14176

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
*Indiana Chamber Congressional Actors Committee*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
	[M/M / D/D / YYY/YY]	[M/M / D/D / YYY/YY]	[ ] % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

NCHC/NMCM/CCC/INCC/IA/AA/CC



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

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>		FEC IDENTIFICATION NUMBER <i>C00405597</i>
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, Total Outstanding Balance:  
 Amount of this Draw:

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).  
 Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_  
 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	Title	DATE
--	-------	------

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

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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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)▶	

2025 RELEASE UNDER E.O. 14176

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	OF
FOR LINE 24 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER <i>00405597</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <i>01/01/11</i>	

Full Name of Payee	Date of Public Distribution/Dissemination <i>01/01/11</i>
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation <i>01/01/11</i>
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <i>01/01/11</i>
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation <i>01/01/11</i>
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 \_\_\_\_\_ Date *01/01/11*

20110101 10:00:00 AM

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  
 (2 U.S.C. §441a(d))

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

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>Indraa Chamber Congressional Action Committee</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
Mailing Address	
City	State ZIP Code

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 Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	
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 Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	
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 Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	

SUBTOTAL of Expenditures This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	

NON-FUNCTIONAL COPY

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

2015-01-21 10:00 AM

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.

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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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %

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 M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**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) .....	

410881-0001-IND-NO-UNION

**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

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**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

NON-FEDERAL SHARE



**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 1 OF 1  
FOR LINE 18b OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT M / D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

	VOTER REGISTRATION
i) Voter 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.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT M / D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

	VOTER REGISTRATION
i) Voter 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.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

2003-2004 ELECTIONS

**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)  
*Indiana 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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
		LEVIN SHARE		
TOTAL This Period for the Levin Share				

NON-CONFIDENTIAL

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

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... <small>(Use Schedule L-A)</small>		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS</b> .....		
<b>3. TOTAL RECEIPTS</b> .....		
<small>(Add Lines 1c and 2)</small>		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> <small>(Use Schedule L-B)</small>		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS</b> .....		
<b>6. TOTAL DISBURSEMENTS</b> .....		
<small>(Add Lines 4e and 5)</small>		
<b>7. BEGINNING CASH ON HAND</b> .....		
<small>(for Column B, use cash as of January 1st)</small>		
<b>8. RECEIPTS</b> .....		
<small>(from Line 3)</small>		
<b>9. SUBTOTAL</b> .....		
<small>(Add Lines 7 and 8)</small>		
<b>10. DISBURSEMENTS</b> .....		
<small>(From Line 6)</small>		
<b>11. ENDING CASH ON HAND</b> .....		
<small>(Subtract Line 10 From Line 9)</small>		

2008-11-08 10:11:00 AM

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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)  
*Judique Chamber Congressional Action Committee*

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
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).....	▶

NO INFORMATION ON THIS PAGE

SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page. FOR LINE NUMBER: PAGE OF 4a 4b 4c 4d 5

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

A. 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

B. 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

C. 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

D. 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 Organization Name Date of Disbursement

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 number only)

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Company FEL

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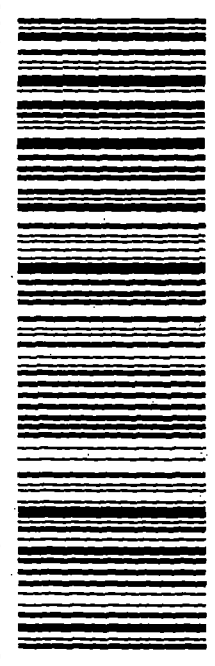
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4a Express Package Service

FedEx Priority Overnight  
Next business morning, Friday delivery not available. Saturday delivery not available unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business morning, Saturday delivery not available.

FedEx Express Saver  
Two business days, Thursday afternoon delivery not available unless SATURDAY Delivery is selected.

FedEx 2Day  
Second business day, Thursday afternoon delivery not available unless SATURDAY Delivery is selected. Minimum charge: One-pound min.

**1** To meet location:

4b Express Freight Service

FedEx 1Day Freight  
Next business day, Friday afternoon delivery not available unless SATURDAY Delivery is selected.

FedEx 2Day Freight  
Second business day, Thursday afternoon delivery not available unless SATURDAY Delivery is selected.

FedEx 3Day Freight  
Third business day, Saturday delivery not available.

**2** To meet location:

5 Packaging

FedEx Envelopes\*

FedEx Pak\*  
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak.

FedEx Tube

Other

\* Declared value limit \$500

6 Special Handling

SATURDAY Delivery  
Not available for FedEx Standard Overnight, FedEx First Overnight, or FedEx Shipmail. Does this shipment contain dangerous goods?

HOLD Weekday at FedEx Location  
Not available for FedEx First Overnight.

HOLD Saturday at FedEx Location  
Available for FedEx First Overnight to select locations.

No  Yes  Yes  No  
This box must be checked:  Yes  No  
Dangerous goods (including any gel) cannot be shipped in FedEx packaging. Do not use for flammable, corrosive, or toxic materials.

Driver  Mail  Cargo Aircraft Only

7 Payment Bill to:

Sender  Recipient  Third Party  Credit Card  Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.

Account No. \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_

Credit Card Auth. \_\_\_\_\_

8 Residential Delivery Signature Options

If you receive a signature, check Direct or Indirect.

No Signature Required  
Package may be left unattended for delivery. Signature not required.

Direct Signature  
Someone at the address must sign for the package. Signature required for delivery.

Indirect Signature  
Someone at the address, someone at a neighboring address may sign for delivery. Fee applies.

Rev. Date 10/06/Part # 15279/0150-2006 1-45-PRINTED IN U.S.A.-SBS


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<input type="checkbox"/> USPS Registered/Certified	Date of Receipt
<input type="checkbox"/> USPS Priority Mail	Date of Receipt
<input type="checkbox"/> USPS Priority Mail Express	Date of Receipt
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/22/15</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (3/2015)

*7/23/15*  
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