FORM 3X

01-31

0

00136883

Signature of Treasurer

Office

Use

Only

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2017 JAN 31 PM 1: 13 Office Use Only

TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. 1, N, O, 1, A, N, A, , C, H, A, M, B, E, B, , C, O, N, G, B, E, S, S, I, O, N, A, L, CIOIMIMITITIE EL WAISIHILINIGITIOIN ADDRESS (number and street) Check if different than previously reported. (ACC) 1. N.O. 1. A.N.A. P.O. 6. (15) 4:6,2,0,4 CITY A STATE A ZIP CODE ▲ FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** 40559 REPORT (N) OR (A) 4. TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-**Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of Covering Period through 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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Date

FEC FORM 3X

Rev. 05/2016

2017 - 01 - N1 - 0M - 001N6884

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

20-17 - 01 - NH - 0M - 001N60005

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE

of Receipts

S Page **3**

Write or Type	Committee Name		
Indi	era Chamber Cons	rassional Action Committee	
Report Covering	L.W.	1 2 9 2 0 1 6 To	Many / Dad / Ashray
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contribution	s (other than loans) From:		
(a) Individu	als/Persons Other		
Than P	olitical Committees		
(i) Iten	nized (use Schedule A)		, , , 2, 5, 0, 0.0 0
(ii) Uni	temized		Ø
(iii) TO	TAL (add .		
Line	es 11(a)(i) and (ii)		01
(b) Politica	Party Committees		9
(c) Other f	Political Committees		
(such a	as PACs)		
(d) Total C	ontributions (add Lines	and the second s	Kalandi Makanga Makanga malaka la Masanga Makanga Makanga Makanga Makanga Makanga Masanga malaka malaka malaka
11(a)(iii), (b), and (c)) (Carry		
Totals t	to Line 33, page 5)		2,50,0,00
12. Transfers Fr	rom Affiliated/Other		
Party Comn	nittees		9
13. All Loans R	eceived		Ø
			From the Committee of t
14. Loan Repay	ments Received	18	Ø
	Operating Expenditures		
	Rebates, etc.)		
	s to Line 37, page 5)		
	Contributions Made	the section of the se	
	Candidates and Other		
	mmittees		
17. Other Fede	ral Receipts	handlander (Marillander Allender) agence example en	The second state of the second
	Interest, etc.)		A
•	om Non-Federal and Levin Funds	Secretaristics Breadwaller Smill and Secretarist	Employed the described the Section of the Section o
(a) Non-Fed	deral Account	Sometimes and the second control of the seco	
	Schedule H3)	1	Ø B
•	,		Sandrad and Sandrad State of the State of th
(b) Levin E	unds (from Schedule H5)	16	8
(b) Levill 1	ands (nom schedule 113)		
(c) Total Tra	ansfers (add 18(a) and 18(b))		1
(6) 10141 118	ansiers (add To(a) and To(b))	ρ	<u> </u>
	•	,	
19. Total Recei	pts (add Lines 11(d),		
•	15, 16, 17, and 18(c))▶	A	2 0
, . ,	· · · · · · · · · · · · · · · · · · ·		
20. Total Feder	al Receipts		
	ne 18(c) from Line 19)▶	1	25.0000
•	, ,	Contest to the devil to the second	Continued and the state of the state of

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)	2	
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	1	20.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	9	20.00
22.	Transfers to Affiliated/Other Party		
22	CommitteesContributions to		
23.	Federal Candidates/Committees		Programme Company of the Company of
	and Other Political Committees	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1,0,0,0,0
24.	Independent Expenditures		the state of the s
25	(use Schedule E)		
۷۵.	(52 U.S.C. § 30116(d))		
	(use Schedule F)	6	
		hander to the Barbara and Barbara and Constitution of the San	
26.	Loan Repayments Made		
	Loans Made	O:	\mathcal{O}
28.	Refunds of Contributions To: (a) Individuals/Persons Other		Constitution of the Consti
	Than Political Committees	σ	
		Name and Same Same Same Same Same Same Same Same	tion discontinued discontinued and the discontinued
	(b) Political Party Committees	B	6
	(c) Other Political Committees	And the second s	tour of manches all to make and the order of the Carried and the company of the Carried and the company of the
	(such as PACs)	B	<i>(</i> 7)
	(d) Total Contribution Refunds	Commission of the contract of	Commission Charles with the Commission of Co
	(add Lines 28(a), (b), and (c))	Z .	and the second s
		handered had been broken broken broken be	landon de Branch de de la como de la Constante
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		
		Construction (1) and construct	Sandan adam (United and Aria (United and Aria))
	(ii) "Levin" Share		B
	(b) Federal Election Activity Paid	Company of the Compan	ter te a te de la
	Entirely With Federal Funds		Ø
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		1
			in a strength and in the colored transfer at the section of the se
31	Total Disbursements (add Lines 21(c), 22,		
51.		Barnellannelle sen lanta blanca barnable er barnable er barnellar er er barnable ber	Because the contraction of the second transfer and transfer and the second transfer to the contraction of the second
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		0 2 0 00
32	Total Federal Disbursements	The second state of the second	- management and the second of the second se
٥٤.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		Control of the contro
		Level Control Book of Standard Control	
		The second secon	A STATE OF THE PARTY OF THE PAR
		•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** III. Net Contributions/ **COLUMN B Total This Period** Calendar Year-to-Date **Operating Expenditures** 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

SC	HEDULE A (FEC Form 3X)		1	FOR LINE NUMBER: PAGE 1 OF 1				
	EMIZED RECEIPTS	Use separate for each cated		(check only one)				
• • • •	_wnzed negelfig	Detailed Sumr		11a 11b 11c 12				
_				13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may not be sold or ame and address of any po	used by any pers litical committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.				
Λ	NAME OF COMMITTEE (In Fully							
4	Indiqua Chan	ber Congress	ional Ac	tion Committee				
Α.	Full Name of Individual (Last, First, Middle Initia	I) or Full Organization Name	•	Date of Receipt				
	Mailing Address							
	City	State Zip Code		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer (for Individual)	Occupation (for Indivi	dual)	Memo Item				
	Receipt For:	Aggregate Year-to-Date ▼		-				
	Primary General Other (specify) ▼	Committee / Sometime of the second						
	Other (Specify) •	195-4-3-373-4-35-373						
В.	Full Name of Individual (Last, First, Middle Initia	l) or Full Organization Name	9	· Date of Receipt				
	Mailing Address		•	Mam / D30 / V374707				
	City	State Zip\Code		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		A. Care de la Care de					
	Name of Employer (for Individual)	Occupation (for Indiv	idual)	Memo Item				
	Receipt For:	Aggregate Year-to-Date ▼	1	· · · · · · · · · · · · · · · · · · ·				
	Primary General Other (specify) ▼	LALA						
_	Full Name of Individual (Last, First, Middle Initia	l) or Full Organization Name	e \	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)	Occupation (for Indiv	idual)	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	A 472 A					
s	UBTOTAL of Receipts This Page (optional)							
\vdash	OTAL This Period (last page this line number o							

SC	HEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b
Any or f	information copied from such Reports and Statem or commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
>	NAME OF COMMITTEE (In Full) Budiana Chamber Com	gressional Action	· Committee
Α.	Full Name (Last, First, Middle Initial)		Date of Disbursement
ı	Mailing Address		
(City	State Zip Code	FEC Identification Number
	Purpose of Disbursement		
	Candidate Name		Category/ Type Amount of Each Disbursement this Period
ĺ		Primary General	
	State: District:	Other (specify) ▼	Memo Item
В.	Full Name (Last, First, Middle Initial)		Date of Disbursement
i	Mailing Address		May / Dad / Agadas
į	City	State Zip Code	FEC Identification Number
į	Purpose of Disbursement		
7	Candidate Name	1	Category/ Type Amount of Each Disbursement this Period
i	Office Sought: House Disburser Senate	nent For: Primary General	
	President State: District:	Other (specify)	Memo Item
C.	Full Name (Last, First, Middle Initial)		Date of Disbursement
	Mailing Address		M.W. \ Dag \ \ AAAAA
	City	State Zip Code	FEC Identification Number
	Purpose of Disbursement		C
	Candidate Name		Category/ Type Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate	ment For: Primary General	
	State: President State:	Other (specify) ▼	Memo tem
S	JBTOTAL of Disbursements This Page (optional)		

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

SCHEDULE C (FEC Form	n 3X)					
OANS			Use separate schedule(s)	PAGE OF		
			for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)				TOTAL TO OF TOTAL ON		
			•	•		
Indiana Chambe	1 /01	gressions A	ction Committ	ee :		
LOAN SOURCE Full Name (La			☐ Memo Item E	Election:		
				Primary		
	 -	<u> </u>		General		
Mailing Address			[Other (specify) ▼		
City		State ZIP Co	ode			
Original Amount of Loan		Cumulative Payment To				
TERMS						
Date Incurred		Date Due	Interest Rate	Secured:		
1000		M / D 0 / Y		% (apr) Yes No		
List All Endorsers or Guaranton	s N(any) t	o Loan Source	and the second			
1. Full Name (Last, First, Middle	CLASS.	all the state of t	Name of Employer	10000 college T C Dept. M. Land. At the Land College C		
Mailing Address			Occupation			
0:	- Court	7700				
City	State	ZIP Code	Guaranteed			
2. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Guaranteed			
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
			1	į		
Mailing Address			Occupation			
City	State	ZIP Code	Amount	martinent former from the martine of the second		
			Guaranteed Outstanding:	-93		
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address		- .	Occupation			
		1	<u> </u>			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
			1000			
SUBTOTALS This Period This Page	e (optional)		······ •			
TOTALS This Period (last page in t	this line onl	٧)				
			Incomplete and the second seco			
Carry outstanding balance only to	LINE 3, Sci	nedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.		

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

Supplementary for Information found on Page of Schedule

LOANS AND LINES OF CREDIT FROM	LENDING INSTITUTION	Page of Schedule C
Federal Election Commission, Washington, D.C. 20463	· · · · · · · · · · · · · · · · · · ·	
NAME OF COMMITTEE (In Full)	ng 1 Action Committee	FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	Amount of Loan	interest rate (ATT)
		<u> </u>
Mailing Address City State Zip Code	Date Incurred or Established Date Due	TO TO TO TO THE TOTAL TO THE TOTAL T
A. Has loan been restructured? No Yes	If yes, date originally incurre	ed Landau Andrews
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt in	ncurred? rs must be reported on Schedule C.	.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or	the loan: real estate, personal es of deposit, chattel papers,	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 collateral for the loan? No Yes If y	interest income, pledged as yes, specify:	What is the estimated value?
A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:	
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this		
G. COMMITTEE TREASURER		DATE
Typed Name Signature		Man , Dad , Andra
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION. To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrower. This institution is aware of the requirement complied with the requirements set forth at	the terms of the loan and other info ns (including interest rate) no more ers of comparable credit worthiness. that a loan must be made on a ba	favorable at the time than those imposed for sis which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	May (19 ap) (Assassa.

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

E

PAGE (Use separate schedule(s) for each FOR LINE NUMBER: Пэ (check only one)

xcluding Loans			numbered line)	10
NAME OF COMMITTEE (In Full)				**
Indiana Chamber Con	91255,04	al Action (Committee	;
A. Full Name (Last, First, Middle Initial) of Debto				Debt (Purpose):
Mailing Address				,
City	State	Zip Code		
Outstanding Balance Beginning This Period	· · · · · · · · · · · · · · · · · · ·	<u> </u>	.	
Amount Incurred This Period	Pa	ayment This Period	Outstand	ding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
ב ב ישמטי, ו יוסי, יאוטשופ ווווומו) טו טפטוטו	J. STOUILUI		Tradule of	v (podo).
Mailing Address	<u> </u>			
	State	Zin Code		
City	State	Zip Code		
Outstanding Balance Beginning This Period	-	 ·		
Amount Incurred This Period	Pa	ayment This Period	Outstand	ding Balance at Close of This Period
	12.272	3)3-4-4-1		A
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	•		· · · · · · · · · · · · · · · · · · ·	
Amount Incurred This Period	Pa	ayment This Period	Outstand	ding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)			}	Q-25-0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
2) TOTALS This Period (last page this line number	r only)		_	A-675-8-4-272-4-A-672-4-A
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page	only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page	only) ▶	£

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ΓE	MIZED INDEPENDE	ENT EXPENDITURI	ES		,	PAGE OF FORM 3X		
NΑ	AME OF COMMITTEE (In	Full)				FEC IDENTIFICATION NUMBER ▼		
	Indiana Ch	amber longe	ossional Ac	tion Committee	ee	C 0,0,4,0,5,5,9,7		
Cr	neck if 24-hour report		New rep			on Maw , Dad , And And A		
	Full Name of Payee		···	☐ Memo	Item	Date of Public Distribution/Dissemination		
	Mailing Address					Amount		
	City		State	Zip Code				
	Purpose of Expenditure			Category/		Date of Disbursement or Obligation		
	Name of Federal Candid	date:	· · · · · · · · · · · · · · · · · · ·	Type Support	Office	Sought: House District:		
	<u> </u>			Oppose		President Senate State:		
	Calendar Year-To-D Per Election for Off				Disbui	rsement For:		
	Full Name of Payee			☐ Memo	☐ Memo Item Date of Public Distribution/Dissemin			
	Mailing Address		· · · · · · · · · · · · · · · · · · ·			Amount		
	City		State	Zip Code				
	Purpose of Expenditure			Category/ Type		Date of Disbursement or Obligation		
	Name of Federal Candid	date:		Support Oppose		Sought: House District: President Senate State:		
	Calendar Year-To-D Per Election for Off	×			Disbu	rsement For: Primary General Other (specify)		
	(a) SUBTOTAL of Itemize	d Independent Expendit	ures		· •			
	(b) SUBTOTAL of Unitern	nized Independent Expen	ditures		· •			
	(c) TOTAL Independent E	expenditures			· •			
	Under penalty of perjury with, or at the request or party committee) any pol	r suggestion of, any can	ididate or authorize	s reported herein were ed committee or agent	not ma	nde in cooperation, consultation, or concert r, or (if the reporting entity is not a political		
	Signature			Date	е	/ 0 0 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		

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

	(То	be used	d only	by Po	olitical Comm	nittees in the Ger	neral Election)	FOR LINE	25 OF FORM 3X
NA	ME OF COMMITTEE (In Full)								
	Indiana Chamber Co	ngre	55 io 4	را	Action	Committee	<u> </u>		
	s your committee been designated to ma ordinated expenditures by a political party YES NO	ke		Full N	lame of Subo	ordinate Committee	•		
If Y	ES, name the designating committee:			Mailin	g Address				
				City			Sta	te ZII	P Code
	Full Name (Last, First, Middle Initial) of	Each P	ayee			☐ Memo Item	Purpose of Expe	enditure ·	Category/
	Mailing Address						Date		Type
	City		State		Zip Code				
	Name of Federal Candidate Supported	Office	Sough	nt:	House	State:	Amount		
					Senate Presidential	District:			
	Aggregate General Election Expenditure for this Candidate ▶		2)3				The state of the s	en e	
	Full Name (Last, First, Middle Initial) of	Each P	ayee			☐ Memo Item	Purpose of Expe	enditure	
	Mailing Address								Category/ Type
	City		State		Zip Code		Date	· / [v	
	Name of Federal Candidate Supported	Office	Sough	nt:	House Senate Presidential	State:	Amount		
	Aggregate General Election Expenditure for this Candidate			y management	2)2-12-2		Annual Daniel Da		an <u>Prospered Townson of States of S</u>
	Full Name (Last, First, Middle Initial) of	Each P	ayee			☐ Memo Item	Purpose of Expo	enditure	Category/
	Mailing Address						Date		Туре
,	City		State		Zip Code		Man /	0 V 8	
	Name of Federal Candidate Supported	Office	Sough	ht:	House Senate Presidential	State:	Amount	me management	
	Aggregate General Election Expenditure for this Candidate	2	-2)2	· · · ·			The second of th		- Canada - Cara Cara Cara Cara Cara Cara Cara C
s	UBTOTAL of Expenditures This Page (o	otional)							
TO	OTAL This Period (last page this line nu	mber on	ıly)						

PAGE

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

Indiana Chamber 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)
R Senarate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Indicate ratio below
Indicate ratio below Federal%
Indicate ratio below
Indicate ratio below Federal%
Indicate ratio below Federal
Indicate ratio below Federal

New

Revised

SCHEDULE H2 (FEC Form 3X)		;
ALLOCATION RATIOS		PAGE (OF (
NAME OF COMMITTEE (In Full) Indian Chamber Congressions / Herion Co.	lmmittee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE ACTIVITIES APPEARING ON THIS REPORT.	E SUPPORT	·
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received methor expenses must equal the federal proportion of monies raised. 	od" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accord where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commu federal and nonfederal candidates, regardless of whether there is a ref are allocated using a time/space method.	derived by federal candidunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	 %	%

Same as Previously Reported

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

۱L	LOCATE	D FEDERAL / NONFEDERA	L ACTIVITY		FOR LINE 18a	OF FORM 3X
N/	ME OF CC	OMMITTEE (In Full)			<u>.</u>	
	India	na Chamber Congs	-ssional Action Comm	ittee		5 N 1
	NAME OF		DATE OF RECEIPT	TOTAL A	MOUNT TRANSF	
			MAM / DOD / VOYAVA			
		 	Commission of Section 11 Commission of Section 11 Commission 11 Commissi		-l\$27da	
		WN OF TRANSFER RECEIVED				
	i) Totai	Administrative				
	ii) Gene	eric Voter Drive	·		and the second second second	france france
	", ==					
	iii) Exem	npt Activities			Andrew Process	
	iv) Direc	t Fundraising (List Activity or Event Ide	ntifier)			
	a)					
	b)					j
	b)					
	c) To	tal Amount Transferred For Direct Fundra	aising		A	
	v) Direc	ct Candidate Support (List Activity or Ex	vent Identifier)			
						
	a)					
	"-				eclentelennelenning	- Control of the Cont
	c) To	tal Amount Transferred For Direct Candid	date Support		2	de a company de la company
	}			#		1
_	vi) Publ	ic Communications Referring Only to	Party (Made by PAC)			4-55-4-1
		TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED		
7	OTAL This	Period (Administrative)	1 2 3 4 5 5			
•		, or or (, tarimino, and o, , , , , , , , , , , , , , , , , , ,	Comment		Andred Peng	
7	TOTAL This	Period (Generic Voter Drive)		n 57: 1 1 1	<u> </u>	Ì
				7-7-7-8-	₹ [≈] =₹	
1	TOTAL This	Period (Exempt Activities)	Lamada and Lamada and Lamada	. 	<u> </u>	_
1	TOTAL This	Period (Direct Fundraising)		372 4 3 312		
		. •				
1	TOTAL This	Period (Direct Candidate Support)		A	CIS-A-A-A-Silver	
	TOTAL This	Pariod (Public Communications Referring	Only to Party)		The state of the state of	-::: <u>:</u>
ı	OTAL ITIS	Period (Public Communications Referring	Only to Farty)			Tomband
1	TOTAL This	Period (Total Amount Transferred)		571		
						į.

PAGE

SCHEDULE H4 (FEC Form 3X)

	SBURSEMENTS FOR ALLOCA EDERAL/NONFEDERAL ACTIVI				PAGE / OF /
	<u> </u>	<u> </u>			FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (IN Full) Indiaun Chamber Congr	مردس أسدره	1 Action	Committe	٥,
۲.	Full Name (Last, First, Middle Initial)	<i>237.04</i>	1 1/0/104	☐ Memo Item	Allocated Activity or Event:
	McTan Address		· · · · · · · · · · · · · · · · · · ·	• •	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1		•	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		7 7	mare Surmer Survey Summer Summer	alement anna Serma leana	
	Full Name (Last, First, Middle Initial)	Accordance d		Memo Item	Allocated Activity or Event:
,.	ruii Name (Last, Frist, Middle Illital)			wichie item	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Burney of Birthurs				Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	and the same of th			allana dan dan dan dan dan dan dan dan dan	
	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
•	Tail Marie (East, 111st, Middle Initial)			wiemo item	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Dishursoment	1			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
SI	UBTOTAL of Allocated Federal and NonFederal	Activity Th	is Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	A 1212 A 1212 A 222 A		V		
T	OTAL This Period (last page for each line only)(Federal sh	are to 21(a)(i) and	l NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE	Source Consumer	NONFEDERAL	SHARE	TOTAL AMOUNT
				# # ## #	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

be used by State, District and E	ocar, arry communic			FOR LINE 18b OF FORM 3X
AME OF COMMITTEE (In Full)			·.	
Indiana Chamber		Action Cum	1. Hec	<u> </u>
NAME OF ACCOUNT	DATE OF RECEIPT	•	TOTAL AMO	UNT TRANSFERRED
	HTM / OFO			
BREAKDOWN OF THIS TRANSFER				
i) Voter Registration		VOTER REGISTE	ATION	
Total Amount Transferred for	Voter Registration			
ii) Voter IĎ		V	OTER ID	#-207X*********
Total Amount Transferred for	Voter ID	Anna Sana Diamentary		
III) COTVAS			GOTV	
iii) GOTV (5) Total Amount Transferred for	GOTV		er Canada manda	
Total Militaria Managaria		land and		CALCAL ACTIVITY
iv) Generic Campaign Activity		K _{m3}	GENERIC CAM	PAIGN ACTIVITY
Total Amount Transferred for	Generic Campaign Activity.	L		
NAME OF ACCOUNT	DATE OF RECEIPT	<u>.</u>	TOTAL AMO	UNT TRANSFERRED
	M V M 7 / D V D	/		
BREAKDOWN OF THIS TRANSFER		VOTED DECIST	ATION	
i) Voter Registration		VOTER REGIST		
Total Amount Transferred for	Voter Registration			
II) Mater ID		V	OTER ID	773M-97779744F
li) Voter ID Total Amount Transferred for	Voter ID		A A A A	
Total Amount Transferred for	VOICE 1D		andream Themphy madican state of	was farmed
iii) GOTV			GOTV	
Total Amount Transferred for	GOTV		410 U G 610 G	
			GENERIC CAM	PAIGN ACTIVITY
iv) Generic Campaign Activity			7-7	
Total Amount Transferred for	Generic Campaign Activity			
TOTALS FO	R BREAKDOWN OF TRAN	NSFER RECEIVED (L	ast Page Only)	
TOTAL This Period (Voter Registrati	00)	and the second s		
TOTAL THIS PERIOD (Voter registration	J			oracontaris anti-
TOTAL This Period (Voter ID)				
TOTAL TILL D. 1.1727-7				
TOTAL This Period (GOTV)				
TOTAL This Period (Generic Campa	ign Activity)			
(20200000000000000000000000000000000000	- ,,		_	-77-485781
TOTAL This Period (Total Amount of	Transfers Received)			
			Ermenter Com (1)	

PAGE

OF

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	(OF	1	
FOR LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)						
Indiana Cham	ler Congr-	ssional Act	HOY COMM	ittee		
A. Full Name (Last, First, Middle			Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID GOTV Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date			
City	State	Zip Code				
Purpose of Disbursement			Category/ Type	Date Date		
FEDERAL SHAF	E +	LEVIN	SHARE	TOTAL AMOUNT		
	4.5	27	er i Describerar d'anni i Describe			
B. Full Name (Last, First, Middl	e Initial) / Full Orga	nization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address		·		Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Bossellan and Sanctifered and Toursellan and Tourse		
Purpose of Disbursement	Category/ Type		Date / Date			
FEDERAL SHAF	KE +	LEVIN	SHARE	= TOTAL AMOUNT		
		and and the section of the section o		and the second s		
C. Full Name (Last, First, Middl	ization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address				Allocated Activity or Event Year-To-Date		
City .	State	Zip Code		Beconsolizacionali di Giornali montali a seccii 7 Secondin con di Secondi montali montali montali di Controli di C		
Purpose of Disbursement	I		Category/ Type	Date / Dub / Varyavarya		
FEDERAL SHAF	?E +		SHARE	= TOTAL AMOUNT		
				272 272 272 272 272 272 272 272 272 272		
SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHAF		LEVIN	SHARE	TOTAL AMOUNT		
· · · · ·	FOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHAF		, 	;	TOTAL AMOUNT		
TOTAL This Period for the Levin S	F		SHARE	Annual Control of the		
TOTAL This Period for the Levin S	onare					

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME	NAME OF COMMITTEE (In Full)						
	Indian Chamber Congressional Action Committee						
NAME	OF ACCOUNT						
		COLUMN A	COLUMN B				
i	· ·	TOTAL THIS PERIOD	YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS						
	(a) Itemized(Use Schedule L-A))	A 27: A 27: A 37: A				
	(b) Unitemized						
	(b) Officernized						
	(c) Total		and the second s				
2.	OTHER RECEIPTS	and and semi-semi-semi-semi-semi-semi-semi-semi-					
۷.	SA						
3.	TOTAL RECEIPTS	A B 512 1 A 212 2 A 222 A	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	(Add Lines 1c and 2)	English State Control of the Control	Charge Addition of the Delimination of the Control				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT						
,	(Use Schedule L-B)		homomiter after a frame				
	(a) Voter Registration						
	(b) Voter ID						
	(c) GOTV	Constitution of the Consti	the control of the co				
	(d) Generic Campaign						
	(4) 444-444 444						
	(e) Total						
5.	OTHER DISBURSEMENTS						
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)						
		Among the section of					
7.	BEGINNING CASH ON HAND(for Column B. use cash as of January 1st)	The state of the s	Azadani i i a Zandani i i a dani i i a dani				
8.	RECEIPTS						
O.	(from Line 3)	and the second s					
9.	SUBTOTAL(Add Lines 7 and 8)		77				
			Control of the second of the s				
10.	DISBURSEMENTS(From Line 6)						
11,	ENDING CASH ON HAND(Subtract Line 10 From Line 9)						

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

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

PAGE OF FOR LINE NUMBER: (check only one)

,		gregation Page	(check only one) 1a 2
Any information copied from such Reports and Stator for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Indiana Chamber Coa	caressional A	crion Commit	ree
Full Name of Individual (Last, First, Middle Initia			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)	ļ		Aggregate Year-to-Date
Occupation (for Individual)	N or Full Occasionalis - 1	Nome Mana Harr	
Full Name of Individual (Last, First, Middle Initia	i) or Full Organization I	Name Memo Item	Date of Receipt
Mailing Address			Amount of Each Receipt this Period
Name of Employer (for Individual)	State	Zip Code	
Occupation (for Individual)			Aggregate Year-to-Date
Full Name of Individual (Last, First, Middle Initia	l) or Full Organization	Name Memo Item	Date of Receipt
Mailing Address			Amount of Each Receipt this Period
Name of Employer (for Individual)	State	Zip Code	
Occupation (for Individual)			Aggregate Year-to-Date
Full Name of Individual (Last, First, Middle Initia	ll) or Full Organization	Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			Aggregate Year-to-Date
Occupation (for Individual)			
SUBTOTAL of Receipts This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number or	nly)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:	PAGE	OF	
(check only one)	4a	· []	- 5
	4b 🔲 4	ld	

OF LEVIN FUNDS		Aggregation Page	4a 4c 5
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Tudique Chanber Full Name (Last, First, Middle Initial) / Fu	(04 Gt + 55 104 5	1 Action Committee	<u>: </u>
Full Name (Last, First, Middle Initial) / Full Name (Last, First, Middle	III Organization Na	ne 🔲 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 Initial) / Full Name (Last, First, Middle	ull Organization Na	me	Date of Disbursement
Mailing Address		_	
City	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			
Full Name (Last, First, Middle Initial) / F	ull Organization Na	me	Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / F	ull Organization Na	me	Date of Disbursement
Mailing Address	WAY , DAD , VAYAAA		
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 nu	mber only)	•	

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Postmarked USPS First Class Mail	Date of Receipt
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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Overnight Delivery Service (Specify): FED EX Next Busines	Shipping Date 13017 s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER (3/2015)	1/31/17 DATE PREPARED