TUDM: TWO: DOOD

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 JAN 27 Pise Saly 1

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4MSIL CENTER

[[N D I A N A C H A	M161E161 1610	N 161 K 1 E 15	: 5 1 0 N A L	1A1C1T11	O N	
CIOIMMINITITIES		1-1-1-1-		1 1 1 1		
ADDRESS (number and street)	1,1,5, 18, 16	UPIEIHILIN	16 TIO N S	T, 151011	1716: 181	510151
Check if different than previously reported. (ACC)	CINIZIAINIA	2,P,0,C,1,5		[N	4,6,2	04-
2. FEC IDENTIFICATION NUM	IBER ▼	CITY A		STATE A		ZIP CODE A
C100.40.559	7	3. IS THIS REPORT	X (N) O	اً است R	AMENDED (A)	·
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (ing 5	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	- (n.	Apr 20 (M4)	Jul 20 (N	B⊷a ⁿ g.aming	Oct 20 (M10)	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Elect Report for	ion .	Primary (12P) Convention (12C)		eral (12G) cial (12S)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE		Election on	M M / D D	/ 'V ** 'Y * a 'Y' - A - Wasselfare		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Ele Report for	•	General (30G)	Runo	off (30R)	Special (30S)
Termination Report (TER)	Tieport for	Election on	M M M A / O · D	/	Try (in the State of
5. Covering Period	12 5 2	· · · · · · · · · · · · · · · · · · ·	through , l	M / O C		129
I certify that I have examined this Type or Print Name of Treasurer	1 // 7	pest of my know ran Hey	vledge and belief it i	s true, correc	t and complet	te.
Signature of Treasurer	MBr	enf		Date :	ر ا ر	6 30 /5
NOTE: Submission of false, erroneo Office Use Only	us, or incomplete info	ormation may su	bject the person signi	ng this Report	FEC	es of 52 U.S.C. § 30109. FORM 3X lev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

R	eport Covering the Period: From: (1 25 2014 To	D: 12 3 1 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, ZOIY		, 2,994.90
	(b) Cash on Hand at Beginning of Reporting Period	, 5,419.90	
	(c) Total Receipts (from Line 19)	, , , , , , , , , , , , , , , , , , ,	, 3,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 5,419.90	, 5,994.90
7.	Total Disbursements (from Line 31)	, , 8.00	, ,5 8 3.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 5,411.90	5,411.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , ϕ	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , <i>p</i>	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name Ludigea Chamber	Congressions	Action	Committee	:
Report Covering the Period: From:	MM/DD/		_	'M' - / - 0 " 0" - / - 'Y 'Y 'Y '

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	~ ·	te i i i i i i i i i i i i i i i i i i i		
	(i) Itemized (use Schedule A)	, , . $arphi$			
		~			
	(ii) Unitemized	, , . <i>O</i>	\mathcal{O}		
	(iii) TOTAL (add	· OX			
	Lines 11(a)(i) and (ii)▶	, , , , , , , $\boldsymbol{\wp}$	$\mathcal{S}_{\mathcal{S}}$		
		\sim			
	(b) Political Party Committees	, , ,			
	(c) Other Political Committees	/ /	K. Carrier and K.		
	(such as PACs)	\sim , , \sim	, , , , , , , $arphi$		
	(d) Total Contributions (add Lines	•			
	11(a)(iii), (b), and (c)) (Carry	B			
40	Totals to Line 33, page 5)	, , ,	Description of the Party		
12.	Transfers From Affiliated/Other	A	and the second s		
	Party Committees	γ, ,	, , ρ		
12	All Loans Received	d	\checkmark		
10.	All Loans Received	, ,. ,. , .	, , $arphi$		
		√	d		
	Loan Repayments Received	, , ,	, , , \mathcal{D} ,		
15.	Offsets To Operating Expenditures	/	,		
	(Refunds, Rebates, etc.)	4	A Commission of the Commission		
16	(Carry Totals to Line 37, page 5)	γ , γ	, , $arphi$		
10.	to Federal Candidates and Other	· ·	,		
	Political Committees		d .		
17.	Other Federal Receipts	, ,	and the state of t		
•••	(Dividends, Interest, etc.)	· 6	\checkmark		
18.	Transfers from Non-Federal and Levin Funds	, ,	to a second of the second of t		
	(a) Non-Federal Account		· · · · · · · · · · · · · · · · · · ·		
	(from Schedule H3)	Ø	B		
		, , ,	, , , , , , , , , , , , , , , , , , ,		
	(b) Levin Funds (from Schedule H5)	K	6		
	(b) Lovin Funds (noin Ochedile Flo)	, , <i>y</i>	· · · · · · · · · · · · · · · · · · ·		
	(c) Total Transfers (add 18(a) and 18(b))	<i>'</i> d	ð		
		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
19.	Total Receipts (add Lines 11(d),				
	12, 13, 14, 15, 16, 17, and 18(c))	, , <i>,</i>	3,000,00		
		, , , , , , , , , , , , , , , , , , ,	and the state of t		
20.	Total Federal Receipts	. /			
	(subtract Line 18(c) from Line 19)▶		, 4,000.00		
		, , ,	, , , -		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		1 *4***********************************
	(i) Federal Share		ا مستند می این از در در این در در در این در
	(ii) Non-Federal Share	, , , , , , , , ,	
	(b) Other Federal Operating		
	Expenditures	8.00	Ø
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	, , 8.00 .	P
22.	Transfers to Affiliated/Other Party	λ	and the second of the second o
23	CommitteesContributions to	ψ	Q_{1}
20.	Federal Candidates/Committees		ا وه در این کلیسی در و دانوی در انتخاص هم و میکود در این در
	and Other Political Committees	, , , , , , , , , $oldsymbol{arPhi}_{n}$	5.7 5.0 9
24.	Independent Expenditures	A	and the second of the second o
25.	(use Schedule E)	, , , <u>V</u>	
	(use Schedule F)	And the second second	Superficial thereton and the control of the
26.	Loan Repayments Made	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The the Thompson of the to the Colorest
	Loans Made Refunds of Contributions To:	The second second second second	Of the state of th
20.	(a) Individuals/Persons Other	The second secon	the same whomen as well as well as well as the same of
	Than Political Committees	The same of the sa	The second water and the second water and the second secon
	(h) Political Both Committee		and the first the court of the first between the first states of t
	(b) Political Party Committees	the second of th	and the second second second second second
	(such as PACs)	b	6
	(3001 23 1 7 03)	7 mag - 4	المراسب والمراجع والمعارض
	(d) Total Contribution Refunds	and the second s	والمراجع والمعارف والمعارف والمعارض والمعارض والمعارف والمعارض وال
	(add Lines 28(a), (b), and (c))▶	•	Ø.
	<i>(, , , , , , , , , , , , , , , , , , ,</i>	and the second control of the second control	ر هُو الْرَحْدُونِ مِنْ مُنْ الْمُرْدُونِينَ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ الله الله الله الله الله الله الله الله
29.	Other Disbursements	6	
		the state of the s	رة الحريقة في الحريقة من الحرية الحريقة الحريقة الحريقة الحريقية الحريقة المراقبة الحريقة المراقبة الحريقة الح - الحريقة الحريقة الحريقة الحريقة المراقبة الحريقة الحريقة المراقبة الحريقة الحريقة المراقبة الحريقة الحريقة ا
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	·
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	A 5	The first of the second of the
	(i) Federal Share	$oldsymbol{arphi}_{i}$, $oldsymbol{arphi}_{i}$	O 1
			्ता । का प्रदेश कर । जाता प्रदेश कुम्मान के अपने के प्रदेश करता है जाता है। जाता करता के प्रदेश करता करता कर ह जाता के प्रदेश करता करता के प्रदेश करता करता करता है जाता है ज
	(ii) "Levin" Share	· · · · · · · · · · · · · · · · · · ·	Land of the morning the state of the state o
	(b) Federal Election Activity Paid Entirely	A.	. See and an extraording of the section of the sect
	With Federal Funds	have a second of the second of	has not it is to rest and make make the mediance with
	(c) Total Federal Election Activity (add	d:	1
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	The second secon	the state of the s
31.	Total Disbursements (add Lines 21(c), 22,		
• • • • • • • • • • • • • • • • • • • •	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6.00	
		· · · · · · · · · · · · · · · · · · ·	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	en e	The magnification of the second s
	from Line 31)	800	582001
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)					Pag	ge 5
III. Net Contributions/Operating Expenditures		COLUMN al This Pe	1	=	OLUMN B ar Year-to-D	Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	. ,	7	P	j	3,00	0.00
34. Total Contribution Refunds (from Line 28(d))	3	9	Ø	9	• •	. Ø
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,	. Ø	·	,	. Ø
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶			. Ø			Ø
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,	<i>(</i>	,	,	ø
38. Net Operating Expenditures	,	,	• •	,		. 1
(subtract Line 37 from Line 36)	, ,	,	V	2	,	. 4

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (IN FUIL) Indiana Chamber Congressi	roug / Action Committee	
Full Name (Last, First, Middle Initial) A.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , ,
Name of Employer Occupa	ition	
Receipt For: Primary General Other (specify) ▼	rate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address		M M / b D / Y Y Y
City State	Zip Code	Amount of Each Descint this Paying
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupa	ation	
Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼	, -
Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupa	ation	
Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		, ,

1503
38
089 2

SCHEDULE B (FEC Form 3X)		FOR LINE N		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
•	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and Statem	ente may not be cold or used	L	<u> </u>	
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)			,	
) Taken ///	Congression	Mrxs.	. (00.000	
Full Name (Last, First, Middle Initial)	- W7775516421	010100	· committee	
. an rearing (case, i not, whome inhal)			Date of Disbursement	
			MENT IN TO BO I VENT TO BOTH	
Mailing Address			Landon Landon Landon Committee Committee	
City	State Zip Code			
	ı 			
Purpose of Disbursement	. [. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Amount of Each Dishussessed this Desired	
Candidate Name		galgeria ji	Amount of Each Disbursement this Period	
		Category/ Type	වි. වි. දෙනිල දෙන කිරීම සම කර්න වී සම්බන්ධ ක්රීම ශ්රී කාර්	
Office Sought: House Disbursen	nent For:		and the second of the second o	
	Primary General			
State: District:	Other (specify) ₩			
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
Maille A Jacob			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	<u></u>		Residual Resource de carecta alteral	
City	State Zip Code			
Purpose of Disbursement	1 125	न्य पृत्राच्या स्वाप्तास्य स्वय		
·			Amount of Each Disbursement this Period	
Candidate Name	tv.	Category/	 Professional State (1997) (1997) (1997) (1997) (1997) (1997) (1997) Professional State (1997) (
Office Sought: House Disbursem	pent For:	Туре	Establish Alamini ni katawa Kwana É	
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
			FAIR / FOR F. FY TY Y Y	
Mailing Address				
City	State Zip Code			
·				
Purpose of Disbursement	[?]		Amount of Each Distriction (1975)	
Candidate Name		Category/	Amount of Each Disbursement this Period	
		Type	Hamilton State Chamilton Profiles the Camilton	
Office Sought: House Disburserr	_		and the second s	
F=-1 _ ∴	Primary General Other (specify)			
State: District:	V - 21 V			
SUPTOTAL of Dishuranest The Day of Dishuranest			the stand the dimedian investments, as the strong	
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	an in County from Emission and Standard and More Standard (1997), and the standard (1997), and t	
TOTAL This Period (last page this line number only).		····· Þ	hand <u>aat</u> taa Ra ndaadaa Ta-9-allaa Casinaal	
			and the second s	

SCHEDULE C (FEC Form 3X) LC

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 33				
AME OF COMMITTEE (In Full) Indiana (Limber Congressional Actio				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General Other (crossifu)			
Mailing Address	Other (specify)			
City State ZIP Cod				
Original Amount of Loan Cumulative Payment To E Complete Complet	grandina de la composição de la composição La composição de la compo			
TERMS Date Incurred Date Due	Interest Rate Secured: Y T Y T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
List All Endorsers or Guarantors (if any) to Loan Source				
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			
	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 വരുക്കുന്നു. പ്രവാദ്യായുന്നു വരുക്കുന്നു. വരുക്കു			
OTALS This Period This Page (optional) OTALS This Period (last page in this line only)	Consider count from Born Decreases. Residence is, a Decrease is a function of formation of formation of formation of the form			

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

Supplementary for Information found on Page _____ of Schedule (

Federal	Election Commission, Washington, D.C. 20463			Page of Schedule C	
NAME	OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER	
			i i	The state of the s	
In	Idiana Chamber Congressional	Action Commissee		C 00 40 5 5.9 7	
LENDI	NG INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)	
Full Na	me				
		5 5	•	%	
Mailing	Address		. M	Ý Y Ý Ý V Ž	
1		Date Incurred or Established		M / 1 0 0 0 1 4 4 4 1 4 1 4	
City	State Zip Code	Date Due		M T T D T D T D T A Y Y Y Y	
Α.	Has loan been restructured? No Yes	If yes, date originally incurre		MI / IPOBY / IVE V OVEV	
В.	If line of credit,	Total .			
	Amount of this Draw:	Outstanding		1996 And South Company of the South	
C.	Are other parties secondarily liable for the debt incurr No Yes (Endorsers and quarantors mu	ed? ust be reported on Schedule C.)			
-	· · · · · · · · · · · · · · · · · · ·			the value of this collateral?	
	Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	والمراب والمواد والمواد	enductions in the confirmation of a softendarille.	
-	No Yes If yes, specify:		and the second s		
				lender have a perfected security	
<u> </u>		l de la companya de l	interest in		
	Are any future contributions or future receipts of interecollateral for the loan? No Yes If yes, s			the estimated value? من معرض معرض المعرض	
- {			<i>:</i>		
1			er med fre finder i e	 หัวโดยของ ออก สามารถที่สอยทั้งสามารถใน หมีใช้ 4 (**) การการการ 	
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
	Date account established:	Address:			
	THE WELL AND PROPERTY OF THE	City, State, Zip:			
ļ	Townselversely have been a metamorphism of				
F.	If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pl nich it assu	ledged does not equal or exceed ures repayment.	
G.	COMMITTEE TREASURER		DATE		
	Typed Name .			•	
	Signature		2,	M & A & D & D. B & B & A & A & A & A & A & A & A & A &	
Н.	Attach a signed copy of the loan agreement.		<u> </u>		
ī.	TO BE SIGNED BY THE LENDING INSTITUTION:				
.	 To the best of this institution's knowledge, the te are accurate as stated above. 		_	_	
ļ	 The loan was made on terms and conditions (in similar extensions of credit to other borrowers of 	cluding interest rate) no more fa	vorable at	the time than those imposed for	
	III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basi	s which as	ssures repayment, and has	
1	DRIZED REPRESENTATIVE		DATE		
Typed Signat	Name		11 M 181	MAN SOUND A WAS ALMAN IA	
	ure \ Til				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: (check only one)

xeluding Loans		for each numbered line)	(check only one)	10
NAME OF COMMITTEE (In Full)				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor.	tion Committ	Nature of D	ebt (Purpose):	
·				
Mailing Address				
City State Zip Code				
Entre den all marthagailte agreements in all not the oil mortificated. I favor mortification and an and an and	nent This Period		ng Balance at Close o	
To the standard and the literature of the standard of the stan	na na el sedimento media cardia men	and house one	ముజనికాబట్టికులు తోరా మాక్షింగా కోసాలు.	EndErriler !
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
Mailing Address		_	•	
City State Zip Code	<u> </u>			
				
The state of the s	nent This Period ചുത്തുക്കുക്കുന്നുത്ത് പരിത്രിട് പരിത്രിച്ചത്ത്ത്	nen plangtange 4 4	g Balance at Close of	Suscessive or Second
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	*************************************	Nature of De	ebt (Purpose):	
Mailing Address				
City State	Zip Code	-		
Outstanding Balance Beginning This Period				~~~
The second secon	ent This Period কাইনের কুলা ক্রিলের্ড কুলা ক্রেটিক ইনিক্সিক্টি	A SECTION OF	g Balance at Close of	in sandre extensive
) SUBTOTALS This Period This Page (optional)		→ 888 7 1 11	ongenega sangarang sangarang Ta saka sakarantan Marahimas	- 1
) TOTALS This Period (last page this line number only))		anggarangaranggaranggarangar at Makanangarangaranggaranggarang	e unuarigane. V
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	> If the second	ed en ezerez et en est estaten (. Bleve ko ezeren et et en ezerez et e Bleve ko ezeren et et en ezerez et e	sus, is one ; ;
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITU	JRES		PAGE OF FORM 3X
NAME OF COMMITTEE (In Full) Indiana Chamber Congress Check if 24-hour report 48-hour repo	·		FEC IDENTIFICATION NUMBER V
Full Name of Payee Mailing Address City Purpose of Expenditure , Name of Federal Candidate	State	Zip Code Category/ Type Support Oppose	Date of Public Distribution/Dissemination Amount Date of Disbursement or Obligation
Per Flaction for Office Sought	genedicke geste engene engementeger, engemen I materialism didden som tempelle et de komm		Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination
Mailing Address City Purpose of Expenditure	State	Zip Code Category/ 5	Amount Date of Disbursement or Obligation
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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

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

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) coordinated expenditures by a political party committee? If YES, name the designating committee: Mailing Address ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City Zip Code State COMPARISON A Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate >

Full Name (Last, First, Middle Initia	il) of Each Payee	Purpose of Expenditure
Mailing Address	······································	Category/ Type
	·	Date
City	State Zip Code	M M / B B / V V V V V V V V V V V V V V V V
Name of Federal Candidate Suppo	Office Sought: House State: District: Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶	and the common of the company of the processor of the company of t	The state of material material described to the self-state of the
UBTOTAL of Expenditures This Pag	. (optional)	e des l'un sel le record mant algement des les productions de la company

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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)

IAME OF COMMITTEE (In Full)		
Indian Chamber Congressional Action Committee		
USE ONLY ONE SECTION, A or B		
MARKET SECRETARIA DE LA COMPANSA DE		
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)		
事。""我就是一个人,我们也没有,我们就是这种的,我们就是一个人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的,我们就是一个人的人,我们就会一个人, 第一个人,我们就是一个人的人,我们就是我们的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人		
B. Separate Segregated Funds and Nonconnected Committees		
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or		
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Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal		

SCHEDULE H2 (FEC Form 3X) **ALLOCATION RATIOS**

ALLOCATION RATIOS		PAGE / OF
NAME OF COMMITTEE (In Full) Ludiana (uraber Congressional Action	Committee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID, ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	thod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommended the federal proportion of disbursements is based on the beneficial. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal candi munications or voter drives	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIED	<u> </u>	
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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FOR LINE	18a OF FO	DRM 3X

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iv)	Direct Fundraising (List Activity or Event Idea	ntifier)	
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v)	Direct Candidate Support (List Activity or Ev	ent Identifier)	
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TOTAL	This Period (Total Amount Transferred)		
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

FEDERAL/NUNFEDERAL AC	IIVII Y			FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)	1-7++551029	Action	Commit	tee
A: Full Name (Last, First, Middle Initial)	77. 1751.19	1701101	WARIT !	Allocated Activity or Event:
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Mailing Address				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
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Purpose of Disbursement:			1000	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:				and the State of State of the State of
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3. Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
				Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
City	State ·	Zip Code		Public Comm (ref to party only) by PAC
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Activity or Event Identifier:			ದಿಕ್ಕಾರ್ಡಿಯ Category/	Subjection of Comment of Subject Authorities
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Mailing Address				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
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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 OF FORM 3X

NAME OF COMMITTEE (In Full)		
Tradicus Chamber Con	grassional Action Com	ittee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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		, , , , ,
BREAKDOWN OF THIS TRANSFER		,
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Total Amount Transferred for Voter	Registration	
	1	OTER ID
ii) Voter ID		
Total Amount Transferred for Voter	,10	\$ 100 meters of any \$
iii) GOTV	:	GOTV
Total Amount Transferred for GOT	V	్. - జర్మె ఓ స్ కి.మ స్మెమ్ - స్ట్రామ్మ్ లు చేసి వ్యవస్థానికి స్ట్రామ్మ్ కార్లా కో
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
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NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER		
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Total Amount Transferred for Voter	Registration	i i
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ii) Voter ID	· · · · · · · · · · · · · · · · · · ·	Section of the sectio
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iii) GOTV		GOTV
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TOTAL This Period (GOTV)	· · · · · · · · · · · · · · · · · · ·	·
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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	(O,	- (
FOR LINE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)			
Undiana Chamber Congressiona	1 Action	Committee	e
A. Full Name (Last, First, Middle Initial) / Full Organizatio			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	The state of the s	Congress of the anti-state of the state of t
Purpose of Disbursement		Category/ Type	Date Section of Section 1
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B. Full Name (Last, First, Middle Initial) / Full Organization	n Name	!	Type of Allocated Activity or Event: Voter Registration GOTV
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Purpose of Disbursement		Category/ Type	Date
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C. Full Name (Last, First, Middle Initial) / Full Organization	n Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date
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Purpose of Disbursement ,		Category/ Type	Date
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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NAM	E OF ACCOUNT	7. 37.131 H	(20.1011)
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	(b) Unitemized	and the state of t	the section of the first that the section of the se
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
	(Use Schedule L-8)	A STATE OF THE STA	and the second of the second o
	(a) Voter Registration	karan karan da aran da karan br>Karan da karan da ka	Construction and Principle Super State of Principles and State of
	(b) Voter ID	A section of the sect	an artist of the Foreign State Continued to
	(c) GOTV	The state of the s	de la companya de la La companya de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya de la companya de la companya de la companya del l
	(d) Generic Campaign	en er en er en er en er en	A commence of the commence of the property product of the commence of the comm
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10.	DISBURSEMENTS	ting a second control of the second control	a Society comments to the comments to the
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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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: 1a 2				
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and addres	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
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Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Receipt M. M. / Torito, / Pyrito V. V. Iv.				
City State	Zip Code .	Amount of Each Receipt this Period				
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date				
Full Name (Last, First, Middle Initial) / Full Organization Name B. Mailing Address		Date of Receipt				
City State	Zip Code	Amount of Each Receipt this Period				
Name of Employer or Principal Place of Business - Occupation		Aggregate Year-to-Date				
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SCHEDULE L-B (FEC Form 3X)

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