FE6AN026

20!0 JUL 12 AH10: 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ple: If typing the lines.	g, type	1ŽFĚ4M5	:	
UNDILANIA CHI	AMBER, CO.	NGRES	SILOIN	AL A	CITILION	<u>V </u>	لببيا
COMMITITEE .							
ADDRESS (number and street)	1115 WES	TI WAS	HING	TONS	TREBT		
Check if different	SUITE 18	505 L					لبنب
than previously reported. (ACC)	I NIDI I ANAI	20L151		ا لــــ		4620AI-	لبيا
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		s	TATE A	ZIP CO	DE A
C004055	1.7	B. IS THIS REPORT	li SZ iUł	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		un 20 (M6)	Sep :	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	<u> </u>	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (0	(C) 12-Day	(U)	rimary (12P)		General ((12G)	Runoff (12R)
Quarterly Report (C	Report for th	ne: C	convention (1	12C)	Special (1	128)	
Quarterly Report (C January 31 Year-End Report (Y	.	lection on	M / '	" " (<u> </u>	in the State o	ا ا
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Electi		ieneral (30G	n) [Runoff (3	OR)	Special (30S)
Termination Report (TER)	•	lection on		ا المحما	• • • • • • • • • • • • • • • • • • • 	in the	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	السيميا (	[LW.A.M.]	/ [ <del></del>	[YVYVVVVVV	' <u> </u>
5. Covering Period	<u> 1 01 20</u>	10	through	<u>[0,6]</u>	<u>a D</u>	2010	
I certify that I have examined th	Da da D	st of my knowle	edge and b	elief it is true	e, correct and	complete.	· ·
Type or Print Name of Treasure		tenett-	•		<u> </u>		
Signature of Treasurer	Darle 1	ane	<del>\</del>	Da	ate D	7' <b>67</b> '	26/6
NOTE: Submission of false, erron	eous, or incomplete inforr	nation may subj	ject the pers	on signing thi	s Report to th	ne penalties of 2	J.S.C. §437g.
Office Use						FEC FOR Rev. 12/2	
Only							

# 10030362889

### SUMMARY PAGE

1	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
٧	/rite or Type Committee Name		
Ī	ndiana Chamber O	ongressional Action C	committee
F	eport Covering the Period: From:	4 61 2010 T	. <u>66</u> ′ <u>38</u> ′ 20 <u>7</u> 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1, 2009,		[le, 1.5le, 74]
	(b) Cash on Hand at Beginning of Reporting Period	<u> </u>	
	(c) Total Receipts (from Line 19)		O
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,156.74	L. 6.156.74
7.	Total Disbursements (from Line 31)	0	<u> </u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u> </u>	6,156,74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	O	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a multi-	candidate 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

# 10030362890

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name		Opposit L
Indiana riidinigek	longressional Activ	
Report Covering the Period: From:	4 01 2010 1	. 06/38/2010
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other     Than Political Committees     (i) Itemized (use Schedule A)	0	
(ii) Unitemized		
(b) Political Party Committees		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other Party Committees	0	[,
13. All Loans Received	<u> </u>	<u></u>
14. Loan Repayments Received  15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		<u> </u>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
Other Federal Receipts     (Dividends, Interest, etc.)      Transfers from Non-Federal and Levin Funds		0
(a) Non-Federal Account (from Schedule H3)	<u></u>	<u>O</u>
(b) Levin Funds (from Schedule H5)		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		Ö

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	ರ್ಷಾಟ್ರಿಯ ಬಿ. ಆ ಭಾಷಾಗ್ರ ಕಾರ್ಟಿಯ ಕಾರ್ಟ್ ಕಾರ್ಟಿಗಳನ್ನು ಮು	and the state of t
	(i) Federal Share	i) Oi	
	(ii) Non-Federal Share		<u> </u>
	(b) Other Federal Operating  Expenditures		
	(c) Total Operating Expenditures		<u> </u>
	(add 21(a)(i), (a)(ii), and (b))		(h)
22	Transfers to Affiliated/Other Party		
	Committees		$\mathcal{O}_{1}$
23.	Contributions to	<u></u>	
	Federal Candidates/Committees and Other Political Committees		0
24.	Independent Expenditures		
25.	(use Schedule E)	<u>                                     </u>	
	(2 U.S.C. §441a(d)) (use Schedule F)		
	•		
26.	Loan Repayments Made		, , , , , , , , , , , , , , , , , , ,
27.			
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees	<u> </u>	<u> </u>
	(c) Other Political Committees		<u> </u>
	(such as PACs)	<u></u>	<u> </u>
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		$\wedge$
	(455 2115 25(4)) (5)) 416 (5))		<u>"                                    </u>
29.	Other Disbursements	()	
		<u> </u>	<u> </u>
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		<u> </u>
	(i) Federal Share	<u>O</u>	
	(ii) "Levin" Share	<u> </u>	<u> </u>
	(b) Federal Election Activity Paid Entirely	<u></u>	<u> </u>
	With Federal Funds	<u></u>	<u> </u>
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	<u> </u>	<u> </u>
31	Total Disbursements (add Lines 21(c), 22,		
J /·	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		<u></u>
	20, 27, 20, 20, 21, 20(0), 20 MIN OU(0))	<u></u>	<u>. U </u>
32	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		<u></u>
	from Line 31)		
		<u> </u>	<u> </u>

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	- J	
34. Total Contribution Refunds (from Line 28(d))		1,2,2,2,4,2
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	<del></del>	2-2-2-2-2-2-2
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)		

M

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	;	

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing federal political committee.

Other (specify) ▼

FEC ID number of contributing federal political committee.

Full Name (Last, First, Middle Initial)

General

Mailing Address

Name of Employer

**Primary** 

**Mailing Address** 

City

Receipt For:

City

FOR LINE NUMBER: PAGE OF: Use separate schedule(s) (check only one) for each category of the 11a 11c **Detailed Summary Page** 13 14 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. Date of Receipt Zip Code State Amount of Each Receipt this Period Occupation Aggregate Year-to-Date ♥ Date of Receipt State Zip Code Amount of Each Receipt this Period

Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		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	Occupation	· :
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	·
SUBTOTAL of Receipts This Page (optional)	<u> </u>	
TOTAL This Period (last page this line number	only)	

# SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used	I by any perso	on for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)	and pointed		The state of the s
Indiana Chamber C	onaressiona	1) Act	tion Committee
Full Name (Låst, First, Middle Initial)  A.	)	I	Date of Disbursement
Mailing Address			M . M / D . D . / Y . Y . Y . Y
City	state Zip Code		<u> </u>
Purpose of Disbursement		s Samthaudi	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	.,,,,,	(1)
State: District:  Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			MOM (BOD)
City	itate Zip Code		
Purpose of Disbursement	<u> </u>	<u></u>	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M-M, LDLD, LALANA
City	State Zip Code		
Purpose of Disbursement			Amount of Each Dishumanast this 2011
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Handwide Andrew (National)
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only).			

Chebole C (rec roim 3x)	
OANS	Use separate schedule(s) PAGE OF
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)	
Indiana Chamber Congression	al Action Committee
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary General
Mailing Address	Other (specify)
City State ZIP Co	de
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
	: It
TERMS	
Date Incurred Date Due	Interest Rate Secured:  Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
J., 512.5	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount granus granus particular granus granu
City State ZIP Code	Guaranteed Outstanding:
<u></u>	<u> </u>
SUBTOTALS This Period This Page (optional)	<u> </u>
TOTALS This Period (last page in this line only)	<u> </u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward 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 C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
	•	CGALAGEAT
Indiana Chamber Congression	onal ActionComm	C 0040559.7
	Amount or Loan	linterest reate (ALT)
Full Name	i grandini din edere di Ales Ales Roma de Il	
	0.440 (10.75-70) - 0.440 (-22.45) - 0.4	· · · · · · · · · · · · · · · · · · ·
Mailing Address	1	[W JW] / [B JB] / [Y JY /Y JY ]
	Date Incurred or Established	<u> </u>
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	
B. If line of credit,	Total	
Amount of this Draw	Cuistanding	<del>                                     </del>
Amount of this Draw:	Balance:	<u> </u>
C. Are other parties secondarily liable for the debt incurre	ed?	
No Yes (Endorsers and guarantors mu	ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the I	iodii. Iodi obtato, polobilar	What is the value of this collateral?
property, goods, negotiable instruments, certificates of		ر با در المحمول و المراقع المر المراقع المراقع
stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?	<u> </u>
No Yes If yes, specify:		Dans the lander have a perfected encurity.
		Does the lender have a perfected security interest in it?  No Yes
E. Are any future contributions or future receipts of intere	<del></del>	What is the estimated value?
collateral for the loan? No Yes If yes, s		vviid is the estimated value:
		, i
		<u> </u>
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:	
[ <u>[m.o.m.] / [j.g.o.g.] / [j.g.o.e.o.e.g.g.</u> ]		
	City, State, Zip:	
F. If neither of the types of collateral described above wa	is 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 whi	ch it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		
Signature		
		Consideration Described Constitution Specification
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 te	of the least and other inform	ation regarding the systematics of the local
are accurate as stated above.	erms of the loan and other intorni	audit regarding the extension of the loan
II. The loan was made on terms and conditions (in		rorable at the time than those imposed for
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that		which assures renovment and has
complied with the requirements set forth at 11 C		
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		
Signature	tle	الدمودية ليعيا للعال
[		

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

Excluding Loans

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

cluding	Loans		numbered line)	10
AME OF	COMMITTEE (In Full)			
ndia	na Chamber Chro	vessional Action	Committee	
A. Full	Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpos	e):
Mailing	Address			
63.	Chaha	7'n Godo		
City	State	Zip Code		
Outst	anding Balance Beginning This Period			·
	**************************************			
¦'?-	Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
17-5				
				as atean-men!
B. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpos	ie):
Mailing	Address			
City	State	Zip Code		
",	J.M.O	p 0000		
	anding Balance Beginning This Period			
1 11				
[];; <u>-21;</u>	Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
<u> </u>			<del></del>	
<u>:</u>	<u> </u>	<u> </u>	<u></u>	
C. Full	Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of Debt (Purpos	ie):
Mailing	Address			
City		State Zip Code	···-	
	anding Balance Beginning This Period			
1				
	Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
1 1			l ;i	
(' '5		- 한국 이 나이나 역사 : 한 <u>- 그는 30</u> 0~~ "국고 <u>10~</u> 		
\ SURT	OTALS This Period This Page (optional)			eer, right on heer, in
, 5551			<u> </u>	
) TOTAL	S This Period (last page this line numb	er only)	<u> ▶                                 </u>	
) TOTAL	OUTSTANDING LOANS from Schedul	e C (last page only)		:1
) ADD 2	2) and 3) and carry forward to appropria	te line of Summary Page (last page or	nly) ▶	

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ ramber Bravessional Action Committee 24-hour notice 48-hour notice Check if Full Name (Last, First, Middle Initial) of Payee Date TO JOS / TYPEY YOUR Mailing Address Amount City State Zip Code State: Purpose of Expenditure Office Sought: House Category/ Туре Senate District: **President** Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election Disbursement For: [ **Primary** General for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date CD_CD Mailing Address Amount Zip Code City State State: Office Sought: Purpose of Expenditure House Category/ Senate Type District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: [ Primary General Calendar Year-To-Date Per Election for Office Sought 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.

Date Date Date

# 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

	. J LDLN/	AL OFFICE		PAGE OF
2 U.S.C. §441a(d)) (To	be used only by P	Political Committees in the G	eneral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Indiana Chamber	Compre	ssional Acti	on Comi	nittee
Has your committee been designated to ma	ake Full	Name of Subordinate Committee	98	
coordinated expenditures by a political party	y commute <del>d</del> ?			
If YES, name the designating committee:	Malli	ling Address		<del></del>
				EN
	City		Sta	
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	enditure
				<u> </u>
Mailing Address			$\dashv$	Category/ Type
			Date	
City	State	Zip Code	\(\big _{\big _{\airangle _{\big _{\big _{\big _{\big _{\big _{\big _{\big _{\airangle _{\airangle _{\airangle _{\airangle _{\airangle _{\airangle _{\airangle _{\big _{\big _{\airangle }}\big _{\airangle _{\airangle _{\airangle _{\airangle } }}\big _{\airangle }\big _{\airangle }\\ \big _{\airangle }\\ \big _{\airangle }\}\\ \big _{\airangle }\}\}\}\}\}}\end{tibe\time\big _{\airangle }\}\}\} \time\tai\tai\tai\tai\tai\tai\tai\tai\tai\tai	<u> </u>
Name of Federal Candidate Supported	Office Sought:	House   State:		<u> </u>
	- Soughi:	Senate District:	_ Amount	
		Presidential		
Aggregate General Election Expenditure for this Candidate				
Cull Marco Al and Class Added School of			Purpose of Exp	enditure .
Full Name (Last, First, Middle Initial) of	сисп гауее		T dipose of Exp	C. Autoro
1			1	111 11
L :				Category
Mailing Address				Category/ Type
	Chara	Zin Code	Date	Туре
City	State	Zip Code	<b>⊣</b>	
		House State:	_ Amount	Туре
City		·	(	Туре
City		House State:	_ Amount	Туре
City  Name of Federal Candidate Supported	Office Sought:	House State:	_ Amount	Туре
City  Name of Federal Candidate Supported  Aggregate General Election  Expenditure for this Candidate	Office Sought:	House State:	_ Amount	Type
City  Name of Federal Candidate Supported  Aggregate General Election	Office Sought:	House State:	Amount	Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of	Office Sought:	House State:	Amount	enditure Type  Type  Type  Type
City  Name of Federal Candidate Supported  Aggregate General Election  Expenditure for this Candidate	Office Sought:	House State:	Amount  Purpose of Exp	enditure
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address	Office Sought:	House State: District: Presidential	Amount  Purpose of Exp  Date	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City	Office Sought:	House State:	Amount  Purpose of Exp  Date	enditure Type  Type  Type  Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address	Office Sought:	House State:	Amount  Purpose of Exp  Date	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City	Office Sought:	House State: District: Zip Code  House State: District:	Amount  Purpose of Exp  Date	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City  Name of Federal Candidate Supported	Office Sought:	House   State:   District:   Presidential	Amount  Purpose of Exp  Date  Amount	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City	Office Sought:	House State: District: Zip Code  House State: District:	Amount  Purpose of Exp  Date  Amount	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate ▶  Full Name (Last, First, Middle Initial) of  Mailing Address  City  Name of Federal Candidate Supported  Aggregate General Election	Office Sought:	House   State:   District:   Presidential	Amount  Purpose of Exp  Date  Amount	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate	State  Office Sought:	House   State:   District:   Presidential	Amount  Purpose of Exp  Date  Amount	enditure  Category/ Type
City  Name of Federal Candidate Supported  Aggregate General Election Expenditure for this Candidate   Full Name (Last, First, Middle Initial) of  Mailing Address  City  Name of Federal Candidate Supported  Aggregate General Election	State  Office Sought:	House   State:   District:   Presidential	Amount  Purpose of Exp  Date  Amount	enditure  Category/ Type

#### 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 Adion 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.
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

SCHED	ULE	H2	(FEC	Form	3X)
ALLOCA	ATIO	N D	ATIME		

SCHEDULE H2 (FEC Form 3X)	<del></del>
ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full)  INCLIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	ce
Methods of allocation:	
<ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the federal pro expenses must equal the federal proportion of monies raised.</li> </ol>	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candidate tivity. For PACs Only: Direct candidate support includes public communications or voter drives federal and nonfederal candidates, regardless of whether there is a reference to a political part are allocated using a time/space method.	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:	i%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER  FEDERAL %  ACTIVITY IS:	NONFEDERAL,%
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u></u> %
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u> </u>
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:    Fundraising	<b>%</b>
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	<u></u> %
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	%

Same as Previously Reported

Revised

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

PAG	E	OF		_
FOF	LINE	18a OF	FORM	3X

AME OF COMMITTEE (In Full)							
ndiana Chamber Congressional Action Committee							
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
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BRE	AKDOWN OF TRANSFER RECEIVED		,				
i)	Total Administrative						
ii)	Generic Voter Drive						
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l iii)	Exempt Activitles						
lv)	Direct Fundralsing (List Activity or Event Idea	ntifier)					
1			i)				
1	a)	! <u> </u>	4				
	b)						
1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>.]</u> 				
	c) Total Amount Transferred For Direct Fundra	ising					
1.		_					
V)	Direct Candidate Support (List Activity or Ev	ent idenimer)					
1	a)		<u>-</u> ]				
1	۵,		 				
İ	b)						
		<u> </u>	<u> </u>				
	c) Total Amount Transferred For Direct Candid	late Support	<u> </u>				
1							
vi)	Public Communications Referring Only to I	Party (Made by PAC)	<u> </u>				
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED .				
TOTAL	This Period (Administrative)	)					
IOIAL	This I shou (Administrative)	Grant Control of The Control of C	<u></u>				
TOTAL	This Period (Generic Voter Drive)	: 1	l l				
TOTAL	This Period (Exempt Activities)	<u> </u>	arear and community and a				
TOTAL	This Period (Direct Fundraising)		<u> </u>				
TO	This David (Direct Condidate Comment)	<u></u>	and the software the software in the software in the software is a software in the software in				
IUIAL	This Period (Direct Candidate Support)	<u> </u>					
TOTAL	This Period (Public Communications Referring	Only to Party)	Charles and the control of the contr				
TOTAL	This Period (Total Amount Transferred)						
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#### SCHEDULE H4 (FEC Form 3X)

	SBURSEMENTS FOR ALLOCA EDERAL/NONFEDERAL ACTIVI					ļ	PAGE	OF
_	AME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		<del></del>			FOR LINE 2	1a OF FORM 3X
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	Mailing Address				Adırı	ninistrative (	Fundraisi	ng Exempt
	Maning Address				Vote	er Drive	Direct Ca	andidate Support
	City	State	Zip Code		J			only) by PAC
	Purpose of Disbursement:			garagamagamag	}			
	Activity or Event Identifier:			Category/ Type	<del> </del>		( o - o - /	
	FEDERAL SHARE	+	NONFEDERAL		=	TC	OTAL AMOUN	<u>===```` ==∆===±.</u> NT
		11			l  1			
<u> </u>	Full Name (Last, First, Middle Initial)					Activity or		
		<u> </u>			Adn	ninistrative	Fundraisi	ing Exempt
	Mailing Address				☐ Vote	er Drive	Direct Ca	andidate Support
	City	State	Zip Code		Pub	lic Comm (	ref to party	only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:			Category/ Type	Date			<u> </u>
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TO	OTAL AMOU	
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C.	Full Name (Last, First, Middle Initial)		<del></del>	<del></del>	Allocated	Activity or	Event:	
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	City	State	Zip Code			<u></u>		only) by PAC
	Purpose of Disbursement:					<del></del> ,	or Event Yea	·
	Activity or Event Identifier:		Category/ Type	Date		/ [روت و ا	<b>▼∵ ∀ □-₹□ ∀</b> -	
	FEDERAL SHARE	+	NONFEDERAL				TAL AMOU	
		<u>}</u> }	-A		4 5			: 프로그 : , ,
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T	OTAL This Period (last page for each line only)	-	re to 21(a)(i) and		are to 21(a		TAL ALAOUI	.iT

#### 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 FOR LINE 185 OF FORM 3X

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NAME OF COMMITTEE (In Full)			
Indiana Chamber C	<u>Oravessional</u>	ACPION	n Committee
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER		750 0501070	
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Total Amount Transferred for Voter	Registration	: "- : To:7)	1 (1 (2) 2
			OTER ID
ii) Voter ID	:1	TOTAL TOTAL	
Total Amount Transferred for Voter	ID		<u> </u>
III) COTY			GOTV
III) GOTV Total Amount Transferred for GOT	ı	!!	<u></u>
Total Allount Hansiered for Got		" <u>                                    </u>	<u> </u>
iv) Generic Campaign Activity		<del></del>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gene	ric Campaign Activity		İ
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NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER		_	
i) Voter Registration	, <u>v</u> C	TER REGISTRA	
Total Amount Transferred for Voter	Registration		,,
	[ <u></u>		CTER ID
ii) Voter ID	البير	<del></del>	
Total Amount Transferred for Votes	· ID		<u> </u>
			GOTV
III) GOTV	1.2		<u></u>
Total Amount Transferred for GOT	V	·· <u> </u>	<u> </u>
iv) Generic Campaign Activity		r=	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gene	oric Campaign Activity		······································
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TOTAL This Period (Voter Registration)	, , , , , , , , , , , , , , , , , , ,	n n 45	
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TOTAL This Period (Voter ID)			
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TOTAL This Period (GOTV)			
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TOTAL This Period (Generic Campaign A		<u> </u>	
IOIAL Inis Period (Generic Campaign A	Guvityj	······································	<u> </u>
TOTAL This Period (Total Amount of Tran	sfers Received)		

# 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)

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	FOR LINE	30a	OF	FORM	зх

ME OF COMMITTEE (In Full)	<del></del>		
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rcliana Chamber Con	acessional	ACHION	Committee
A. Full Name (Last, First, Middle Initial) / Full Or	banization Name		Type of Allocated Activity or Event:
, , ,			Voter Registration GOTV
			Voter ID Generic Campaign
1			
Mailing Address			Allocated Activity or Event Year-To-Date
			1 4
City State	Zip Code	17- 7 Jan - 77 - 49	
			(המרשרות) / (הסרשרות) / (הערשרות) / (הערשרות)
Purpose of Disbursement		Category/	Date
	<u> </u>	Туре	Date Carrie Carrie Carried
FEDERAL SHARE +	- LEVIN SH		= TOTAL AMOUNT
	رح عصم عصم ال	<u></u>	
B. Full Name (Last, First, Middle Initial) / Full Or	ganization Name		Type of Allocated Activity or Event:
			Voter Registration GOTV
			Voter ID Generic Campaign
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Mailing Address			Allocated Activity or Event Year-To-Date
City State	Zip Code	[	(
E P		<u> </u>	[: MTV_MT:] / [[\$T-\T\$]] / (["YT-\Y", YTV\YT])
Purpose of Disbursement		Category/	Date
<u> </u>		Туре	Continued described to an improve a continued and in
FEDERAL SHARE +			= TOTAL AMOUNT
	<u>il</u>	<u></u>	<u> </u>
C. Full Name (Last, First, Middle Initial) / Full Or	rganization Name		Type of Allocated Activity or Event:
ł			Voter Registration GOTV
			Voter ID Generic Campaign
L			Allowated Anticipe on Frank Voca To Date
Mailing Address			Allocated Activity or Event Year-To-Date
	- Via Cada		
City State	Zip Code		
Purpose of Disbursement		اللحنصيان 🗠	Language (Langue) / Langueser
l apodo di bibbardanioni		Category/ Type	Date Land Land
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UBTOTAL of Shared Federal and Levin Activity Ti	nis Page		
FEDERAL SHARE	- LEVIN SH		= TOTAL AMOUNT
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OTAL This Period (last page for each line only)(Fe FEDERAL SHARE			30(a)(ii)) TOTAL AMOUNT
OTAL This Period (last page for each line only)(Fe			30(a)(ii))
OTAL This Period (last page for each line only)(Fe FEDERAL SHARE	ederal share to 30(a)(i) ar LEVIN SH	nd Levin share to	30(a)(ii))  TOTAL AMOUNT
OTAL This Period (last page for each line only)(Fe	ederal share to 30(a)(i) ar	nd Levin share to	30(a)(ii))  TOTAL AMOUNT

#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

ln In	e of committee (in full) Laliana Chambey Co	ongressional Action	n Committee
MAK	E OF ACCOUNT	J	
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	(a) Itemized		
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	(b) Unitemized		per demonstration of the first front state of
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2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	!	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		,
8.	RECEIPTS(from Line 3)	7	
9.	SUBTOTAL		
10	(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From Line 6)	<u> </u>	<u>(آب با موردن بسیان با می کند. با تسمی کند با تا /u>
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

FOR LINE NUMBER: (check only one)

]1a	2

OF

PAGE

Any information copied from such Reports and Statements may r or for commercial purposes, other than using the name and addr		
NAME OF COMMITTEE (In Full) Indiana Chamber Conove	essional Arlin	a Committee
Full Name (Last, First, Middle Initial) / Full Organization Name  A.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City Sta	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		Aggregate 16a-10-Date
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Receipt
Mailing Address		Amount of Sect. S.
City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name C.	,	Date of Receipt
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TOTAL This Period (last page this line number only)	<del></del>	

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

Use separate schedule(s)

FOR LINE NUMBER:	PAGE	<u> </u>	OF_
FOR LINE NUMBER: (check only one)	4a [	4c	<u></u> 5
ļ U	4b [	4d	

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and an			
NAME OF COMMITTEE (In Full)	a a		
/ Indiana Chamber Conc	avessional Acti	on Committee	
Full Name (Last, First, Middle Initial) / Full Organization Na.	ina i	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 Na  B.	me	Date of Disbursement	
		CMUM, 1/50.00 / 77.44.7	
Mailing Address			
City State	Zip Code	Amount of Each Disbursement this Period	
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Full Name (Last, First, Middle Initial) / Full Organization Na	ıme		
C.		Date of Disbursement	
Mailing Address			
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			
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D.		Date of Disbursement	
Mailing Address			
City State	Zip Code	Amount of Each Disbursement this Period	
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Mailing Address		<u> </u>	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		<u> </u>	
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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked · **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify):