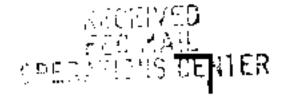
FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee



									Office Use O	nry
1.	NAME (OF TTEE (in full)	TYPE OR F	PRINT ¥		mple: If ty r the lines	ping, type	12FE4 M 5	p	
0	VWV VB1	ANA CI		BER	CONGR	ZESS	10 NH	L ACT	IDN:	<u> </u>
AQI	DRESS (number and street)	115	Μ.	WASH	NOT	DN S	<u>. ,</u>	STE	850S
•	tha	eck if different n previously orted. (ACC)	IND	MI	APOLI.	5	<u> </u>		4620	
2.	FEC ID	ENTIFICATION NU	MBER ▼	_	CITY ▲		<u>/</u>	STATE A	ZIP	CODE A
	c ()	040559	\square		3. IS THIS REPORT	V	NEW (N) OR	AM (A)	ENDED	
4.	TYPE (Choose	OF REPORT One)	(b) Mon Rep	ort	Feb 20 (M2)		May 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	arterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15	,,, <u>-</u> ,,		Apr 20 (M4)		Jul 20 (M7)	Oct 2	O (M10)	Jan 31 (YE)
		Quarterly Report (C July 15	(c)	12-Day	·	Primary (1	2P)	General (12G)	Runoff (12R)
		Quarterly Report (C October 15	12)	PRE-Electi Report for		Conventio	n (12C)	Special (1	2 S)	
	\checkmark	Quarterly Report (C January 31 Year-End Report (Y			Election on	NE NA	2 5 6 7	, , , , , , , , , , , , , , , , , , ,		the Sie of
		July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Elec		General (3	30G)	Runoff (3	DR)	Special (30S)
		Termination Report (TER)		Report for	Election on	'W` # .	7 . 1 0 D 7	• · y · v .	***	the ate of
5.	Covering	g Period	72	ð Z	000	through	17	31	200	<u>V</u>
		I have examined the t Name of Treasure	- I/VV VI	nd to the t	ON NC	wledge an	d belief it is tru	ue, correct and	complete.	
Sig	nature of	Treasurer	Darl	e /	ano	せ		Date 57	ープラ	2007
NO	TE: Subm	nission of false, erron	eous, or inc	omplete into	ermation may se	ıbject the ρ	person signing t	his Report to th	e penalties (of 2 U.S.C. §437g.
!	U	ffice Ise								ORM 3X 12/2004

SUMMARY	PAGE
OF RECEIPTS AND DIS	SBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIP TO AND DIOCONCINETTS	Page 2
V	Type Committee, Name ((((()))))) (()) (Congressional Action	Committee
R		11 28 2006 To:	12 31 2006
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 6 0 6		, , ·
	(b) Cash on Hand at Beginning of Reporting Period	2.872.99	
	(c) Total Receipts (from Line 19)		, 17,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column 8)		. , ,
- - 7.	Total Disbursements (from Line 31),	606	. 14,133.01
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,866.919	, 2866.99
g.	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 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

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Report Covering the Period: From: **COLUMN A** COLUMN B I. Receipts Total This Period Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Uniternized ...,..... (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))...

19.	Total Receipts (add Lines 11(d),
	12, 13, 14, 15, 16, 17, and 18(c)).

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ 17,000.00

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures:	Total This Period			
	(a) Allocated Federal/Non-Federal				
	Activity (from Schedule H4)		14 127 01		
	(i) Federal Share		1-1912110		
	(ii) Non-Federal Share				
	(b) Other Federal Operating	arkina a and a and	T. NO.		
	Expenditures	6.00	$\boldsymbol{\varphi}$		
	(c) Total Operating Expenditures	₩ N	1/1/122 01		
	(add 21(a)(i), (a)(ii), and (b))		10.00 M		
22.	Transfers to Affiliated/Other Party	· · · · · · · · · · · · · · · · · · ·			
23.	CommitteesContributions to	and the second of the second o	, , ,		
	Federal Candidates/Committees and Other Political Committees		<i>^</i> ∕		
24	Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	•				
25.	(use Schedula E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		· · · · · · · · · · · · · · · · · · ·		
	(use Schedule F)		, ,		
26.	Loan Repayments Made	3 , i	, ", ", " <i>U</i> .		
		······································			
27. 28.	Loans Made		\mathcal{O}		
40.	(a) Individuals/Persons Other				
	Than Political Committees		, ". <i>.</i>		
	(b) Defined Destriction		(D)		
	(b) Political Party Committees	· · · · · · · · · · · · · · · · · · ·	, , ,		
	(c) Other Political Committees		\sim		
	(such as PACs)	a adala a sa a a a a a a a a a a a a a a a a	.9 ., .		
	(d) Total Contribution Refunds	orms many s s <u>a</u>			
	(add Lines 28(a), (b), and (c))▶	$\epsilon_{\rm O}$	(")		
	(, , ,		
29.	Other Disbursements	f)			
		**	, ,		
30.	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	· · · · · · · · · · · · · · · · · · ·	\sim		
	(i) Federal Share	· ·	, , . <u>.</u>		
	(ii) "Levin" Share	<u> </u>			
	(b) Federal Election Activity Paid Entirely	· '	, , , , , , , , , , , , , , , , ,		
	With Federal Funds	(*)	(')		
	(c) Total Federal Election Activity (add	- 11:	, , ,		
	Lines 30(a)(i), 30(a)(ii) and 30(b)),▶		, , , . <i>(</i>)		
31.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6 hM	, 14,133.01		
		· · · · · · · · · · · · · · · · · · ·	, 1_I1 00.01		
32.	Total Federal Disbursements		•		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	6.D()	14,133.01		
		and 14 10 00 00 00 00 00 00 00 00 00 00 00 00	, I BINDOL		
			▼ \ <u>`</u>		

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)		11 0MM
	(from Line 11(d), page 3)		17,000.00
34.	Total Contribution Retunds	M	
	(from Line 28(d))		, , , · · · · · · · · · · · · · · · · ·
35.	Net Contributions (other than loans)	(*)	/)"
	(subtract Line S4 from Line 33),		. , , , ,
36.	Total Federal Operating Expenditures	(A)	1/1/123 1/1
	(add Line 21(a)(i) and Line 21(b))▶	6.0	. 14,133.01
37.	Offsets to Operating Expenditures	· · · · · · · · · · · · · · · · · · ·	' /s
	(from Line 15, page 3)		
38.	Net Operating Expenditures	/ / / / / / / / / / / / / / / / / / /	14,133.01
	(subtract Line 37 from Line 36)		, 14/122.01

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SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		lina concesta schodulatat	OR LINE NUMBER: PAGE OF			
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE U. D.B.			tion Committee			
Full Name (Last, First, Middle Initial)		J				
Mailing Address			Date of Receipt			
Oib.	Ctata	Zin Code				
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)		Year-to-Date ▼				
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address			M N / D D / Y Y Y Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		, ,			
Name of Employer	Occupation	1				
Receipt For: Primary General Other (specify)		Year-to-Date ▼				
Full Name (Last, First, Middle Initial)	<u> </u>	·	Date of Receipt			
Mailing Address			M M / D D : Y Y Y			
City	State	Žip Code				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	<u> </u>				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)						
		<u></u>	, , , , , , , , , , , , , , , , , ,			
TOTAL This Period (last page this line number	onry),,		. 1 1			

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	NUMBER; y one) 22 23 28a 28b	PAGE OF 24 25 26 28c 29 30t	
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the commercial purposes.					
NAME OF COMMITTEE (IN Full)	Congression	ul PCt	ian Cam	wittee	
Full Name (Last, First, Middle Initial) A.	<u> </u>		Date of Disbursem		
Mailing Address					
City	City State Zip Code				
Purpose of Disbursement Candidate Name		Category/	Amount of Each D	disbursement this Period	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	,	, ×	
Full Name (Last, First, Middle Initial) 8.			Date of Disbursen		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Each D	Disbursement this Period	
Candidate Name Office Sought: House Disburse	ement For	Category/ Type	,	, .	

Primary

State

Other (specify)

Candidate Name	5		Category/ Type			
Office Sought: State:	House Senate President District:	Disbursement For: Primary General Other (specity)		,	, 	
SUBTOTAL of Dis	sbursements This Pag	e (optional)	······•	,	,	
TOTAL This Perio	d (last page this line	number only)		,	,	

Zip Code

General

Amount of Each Disbursement this Period

Date of Disbursement

State:

City

Mailing Address

Candidate Name

Purpose of Disbursement

C.

Senate

District:

Full Name (Last, First, Middle Initial)

President

SCHEDULE C (FEC Form 3X)

OANS	Use separate schedule(OF
	for each category of the Detailed Summary Page		13 OF FORM 3X
NAME OF COMMITTEE (In Full) WALL ON SOURCE Full Name (Last, First, Middle Initial)	Λ		Mac
Lorin Courter Tall Mario (Labi, Tilot, Milato Milato)		Primary	,
Mailing Address		General Other (specify	o →
City State ZIP Cod Original Amount of Loan Cumulative Payment To		nce Outstanding et	Close of This Period
····· · · · · · · · · · · · · · · · ·		·	close of this terico
7 - 146 Tel. 166 - 9 - 146-14	i *	<i>3</i>	•
TERMS Date Incurred Date Due	Interest Rate	1	Secured:
M M / S D / Y Y Y Y S S S / C D D / Y Y		, % (apr)	Yes No
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:	7	·
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	3 5.	,
3. Full Name (Last, First, Middle Initial)	Name of Employer		-
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	7 5	•
4. Full Name (Last, First, Middle Initial)	Name of Employer	·	
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	1 7	
SUPPORTED C. This Dowled This Dags (antique)	_		
SUBTOTALS This Period This Page (optional)		•	·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	ng Schedule D. carry for		

2705954289)

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

Supplementary for					
Information found on					
Page	of Schedule C				

receral Election Commission, Washington, D.C. 20463				. <u> </u>	
NAME OF COMMITTEE (In Full)	. л.	P/B	IDENTIFIC		
Indiana Chamber Charce	sonal tohon	Winfin	00.41) pp	17
LENDING INSTITUTION (LENDER)	Amount of Loan			Rate (APR)	
Full Name					%
	i		· · · · · ·	<u></u>	<u>. </u>
Mailing Address	Date Incurred or Established	94 ° M		Y Y Y	Y
City State Zip Code	Date Due	24 65		V V V	Ť
A. Has loan been restructured? No Yes	If yes, date originally incurred	## ##	/ n c /	Y Y Y	Ÿ
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:		,		
C. Are other parties secondarily liable for the debt incurred. No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)			•	•
D. Are any of the following pledged as collateral for the lapsoperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	oan: real estate, personal deposit, chattel papers,	What is the		collateral?	
No Yes If yes, specify:				andamen a	anuelta.
		Does the len interest in it?			ecumy
E. Are any future contributions or future receipts of intere- collateral for the loan? No Yes If yes, s	, -	What is the			
			,	•	
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:				
** * * * * * * * * * * * * * * * * * *	City, State, Zip:				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan					exceed
G. COMMITTEE TREASURER		DATE			
Typed Name Signature		le se	, g g ,	,	· v
H. Attach a signed copy of the loan agreement.		1	<u>_</u> .		
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. 					
(ii). This institution is aware of the requirement that a complied with the requirements set forth at 11 C			es repayme	nt, and has —	
AUTHORIZED REPRESENTATIVE		DATE			_
Typed Name Signature	ile	hó & t	. ខ ១	: ህ 누 0	v
	-				

HED	ULE D (FEC Form 3X)		(Use separate	PAGE OF
	AND OBLIGATIONS		schedul e (s)	FOR LINE NUMBER:
cludin	g Loans		tor each rrumbered line)	(check only one) 9
ME OF	COMMITTEE HIT FUIL) WOOD WOOD	r Comavessional	Action	Committee
Ā. Fu	ll Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing	Address			
City	State	Zip Code		
Outs	standing Balance Beginning This Per	iod 		•
•	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	tale •			.
B. Full	Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of D	lebt (Purpose):
Mailing) Address			
City	State	Zip Code		
Outs	standing Balance Beginning This Peri	iod		<u>. </u>
	Armount incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	7 7.	** *** ****** * ***		ş . • •
C. Fu	ill Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of D	Pebt (Purpose):
Mailing	Address			
City		State Zip Code		
Outs	standing Balance Beginning This Peri	od	Į.	

Payment This Period

Amount Incurred This Period

Outstanding Balance at Close of This Period

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X		
MANUAL COMMITTEE (10 Full)	essional	FEC IDENTIFICATION NUMBER V		
Check II 24-hour notice 48-hour notice		Comm.		
Full Name (Last, First, Middle Initial) of Payee		Date Mathoda / Y Y # Y		
Mailing Address		Amount		
City State	Zip Code			
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:		
Name of Federal Candidate Supported or Opposed by Expend	liture:	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	, · · · · · · · · · · · · · · · · · · ·	Disbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee		Date N M / S D / Y Y Y		
Mailing Address		Amount		
City State	Zip Code	., , ,		
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:		
Name of Federal Candidate Supported or Opposed by Expend	fiture:	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	* *	Disbursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures		····· •		
(b) SUBTOTAL of Unitemized Independent Expenditures	***************************************	······ , , .		
(c) TOTAL Independent Expenditures		······ • • • • • • • • • • • • • • • •		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		** ** / *		
Signature				

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (Iny Full) Check if 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: State City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Catagory/ Type Mailing Address Date State Zìp Code City Name of Federal Candidate Supported Office Sought: House State: Amount Senate: District: Presidential | Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date State Zip Code City Name of Federal Candidate Supported Office Sought: House State: Amount Senate: District: Presidential | Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional)....... TOTAL This Period (last page this line number only).........

PAGE

OF.

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 FUIL) WIGHT CHAMBEY COMMYCSSMAI ACTION A OF B USE ONLY ONE SECTION, A OF B					
A. State and Local Party Committees Fixed Percentage (select one)					
Presidential-Only Election Year (28% Federal) Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or					
If the committee is spending more than 50% federal funds, indicate ratio below					
Federal					
Nonfederal					
This ratio applies to (check all that apply):					
·					

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE
NAME OF COMMITTEE (IN FUII) MANUAL M	Comaressiana 1 Action	ammi
RATIOS FOR ALLOCABLE FUNDRAISING E	• 1	

Methods of allocation:

ACTIVITIES APPEARING ON THIS REPORT.

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

are allocated daing a timerapade method.		
ACTIVITY OR EVENT IDENTIFIER	EEDEBAL A	NAME DEBAT OF
	FEDËRAL %	NONFEDERAL %
ACTIVITY IS:	'	
Fundraising Direct Candidate Support	. %	%
CHECK IF THE RATIO IS:	1	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	. %	- º/o
CHECK IF THE RATIO IS:		
New Pevised 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		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONEEDERAL %
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
ACTIVITY IS: [Fundraising	FEDERAL %	NONFEDERAL %
ACTIVITY IS: [] Fundraising		
ACTIVITY IS: [Fundraising		
ACTIVITY IS: [] Fundraising		
ACTIVITY IS: [Fundraising		
ACTIVITY IS: [Fundraising	. %	•
ACTIVITY IS: [Fundraising	FEDERAL %	• • • • • • • • • • • • • • • • • • •
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS: [Fundraising	FEDERAL %	NONFEDERAL %
ACTIVITY IS: [Fundraising	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS: [Fundraising	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL % NONFEDERAL %
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL % NONFEDERAL %

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

PAGE	OF	
FOR LIN	E 18a OF FORM	 3X

WME !	OF COMMITTER (In Full)	ا بد میما	Λ , Γ	. 1	() ************************************	. : 14	_
M	IIana Unambu U	<u>imakssamal</u>	HOM	<u>M</u>	<u> </u>	<u>M110</u>	
NAÑ	ME OF ACCOUNT	DATE OF RECEIPT	• 1	TOTAL	AMOUNT 1	TRANSFERF	RED
		M M / D D / Y	* +			, .	
0.05	AKDONAL OF TRANSFER RECEIVED	<u> </u>			<u> </u>		
BHE	AKDOWN OF TRANSFER RECEIVED						
"	Total Administrative				å .	,	•
li)	Generic Voter Drive				,	;	,
lil)	Exempl Activities	·					
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)			5	,	
		·····					
	<u> </u>	· • • ··· · · · · · · • • · · · · · · • ·					
}	b)						
		4 · ·	•				
}	c) Total Amount Transferred For Direct Fundra	aising			ı .	7	
v)	Direct Candidate Support (List Activity or Ev	rent Identifier)					
	s)						
1	a)	9	•				
	b)	1 . 3					
					_		
	c) Total Amount Transferred For Direct Candid	rate Support			,	3	
VI)	Public Communications Referring Only to I	Party (Made by PAC)			1	;	
	TOTALS FO	OR BREAKDOWN OF TRANSFER	RECEIVED)			
TOTAL	This Period (Administrative)						
IOIAL	This Period (Administrative)	*		•			
TOTAL	This Period (Generic Voter Drive)		,	,	•		
TOTAL	. This Period (Exempt Activities)	,	,	,			
TOTAL	This Period (Direct Fundraising)				, -		
			,	·	•		
TOTAL	This Period (Direct Candidate Support)	F181313		ı	,	*	
TOTAL	This Period (Public Communications Referring	Only to Party)		7	Ŧ		
TOTAL	This Period (Total Amount Transferred)			·	· ·	,	

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL NONFEDERAL ACTIVITY

FE	DERAL/NONFEDERAL ACTIVITY		FOR LINE 21s OF FORM 3X
Ϋ́	Millian Der Omanossiona	I Actio	n ammittee
A.	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
	Dunner of Bishurgan and	T	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	Category/	7 7 7 A A A A A A A A A A A A A A A A A
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	5 ₹ man € 1.0 man 15 1. 2.5	*	
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:		2 7
		Category/ Type	та ји" и да фили у у у Date
	FEDERAL SHARE + NONFEDERAL		= TOTAL AMOUNT
<u>c.</u>	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
	Purpose of Disbursement:	<u> </u>	Allocated Activity or Event Year-To-Date
		-	, ,
	Activity or Event Identifier:	Category/ Type	ям / со / у у у у р
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		•	
	9 9 1 •		
SU	IBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
T C) f . '. '. 1 '. 1		hare to 21/a1(ii))
10	TAL This Period (last page for each line only)(Federal share to 21(a)(i) an FEDERAL SHARE NONFEDERAL		TOTAL AMOUNT
	9 9 A. 5 ' 9	, -	3 * *

PAGE

QΕ

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

	o be used by State, District and Local Party Committees Only)				
_	<u> </u>		FOR LINE 186 OF FORM 3X		
ŋ	NAME (OF COMMITTEE (In Full) 1	have Non merceiana Maliz	an Cannoiller		
	<u>munuala unalmi</u>	ber Umaressimal Actio	re Commente		
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
١		Maria A . S D A . A A A			
			. , ,		
	BREAKDOWN OF THIS TRANSFE				
	i) Voter Registration	VOTER REGISTRATIO	ON CONTRACTOR OF THE CONTRACTO		
	Total Amount Transferre	ed for Voter Registration	*		
ı	li) Voter ID	VOTE	R ID		
	'	ed for Voter ID			
			GOTV		
	III) GOTV		GO 1 1		
	Total Amount Transferre	ed for GOTV	·3		
	iv) Generic Campaign Act	Hivity	GENERIC CAMPAIGN ACTIVITY		
		ed for Generic Campaign Activity	3 . ¥ *		
		<u> </u>			
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
		# M Y D . A A A A			
	<u> </u>		, , , , , , , , , , , , , , , , , , ,		
	BREAKDOWN OF THIS TRANSFE	ER			
	i) Voter Registration	VOTER REGISTRATIO	DN.		
		ed for Voter Registration , , , , , ,			
		YOTE	R ID		
	il) Voter ID Total Amount Transferre	ed for Voter ID			
	Mai Amount Hansielle	ed 101 YOLG) 12	3 Y		
	iii) GOTV		GOTV		
	Total Amount Transferre	ed for GOTV	3		
	Iv) Generic Campaign Act	ctivity	GENERIC CAMPAIGN ACTIVITY		
		ed for Generic Campaign Activity	. , ,		
_					
	TOTAL	LS FOR BREAKDOWN OF TRANSFER RECEIVED (Last 1	Page Only)		
	TOTAL This Period (Voter Reg	gistration)	_		
	•	· · · · · · · · · · · · · · · · · · ·	u		
	TOTAL This Period (Voter ID).				
		3	, .		
	TOTAL This Period (GOTV)	461,pqp,q61818,,-,-146481qpq-1464618pq41.81p,,1468118181181181			
		,	•		
	TOTAL This Period (Generic C	Campaign Activity)	; † •		
			,		
	TOTAL This Period (Total Amo	ount of Transfers Received)	, ,		
ı			•		

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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	OF		
FOR LINE	30a OF	FORM	ЭΧ

Mai wa Chamber Charessinal Action ammittee			
A. Full Name (Last, First, Middle Initial) / Full Organization 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	¥ 5·. •		
Purpose of Disbursement	Category/ Date		
FEDERAL SHARE + LEVIN SHA			
B. Full Name (Last, First, Middle Initial) / Full Organization 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			
Purpose of Disbursement	Category/ Date		
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT		
a : 'a			
C. Full Name (Last, First, Middle Initial) / Full Organization 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	, , , .		
Purpose of Disbursement	Category/ Date		
FEDERAL SHARE + LEVIN SHA	ARE = TOTAL AMOUNT		
ş -5 + ş	*		
SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT			
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT			
, 1, • LEVIN SH.	ARE : : ·		
TOTAL This Period for the Levin Share			

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

NAME OF COMMITTER (IN FUII)	amaressional	Action Committee
NAME OF ACCOUNT	1)	

		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS	a rana Saranja .	: '
	(a) Itemized		· • • • • • • • • • • • • • • • • • • •
	(Use Schedule L—A)		
	(h) Haitaminud		
	(b) Unitemized	The second secon	• • • • • • • • • • • • • • • • • • •
	(c) Total		
<u>.</u>	OTHER RECEIPTS	· · · .:•	. 7
			•
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		ş ş.
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
	(a) Voter Registration		
	(a) void rogicileary	rananadi ≱rana •	
	(b) Voter ID	. .	, ,
	(c) GOTV	• • • • • • • • • • • • • • • • • • • •	
	(-, · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	(d) Generic Campaign		, , , .
	(e) Total		, ,
5.	OTHER DISBURSEMENTS		y + ·
6.	TOTAL DISBURSEMENTS		•
J .	(Add Lines 4e and 5)	5 \$ 1	, ,
7.	BEGINNING CASH ON HAND(for Column 8, use cash as of January 1st)	ą j *	g y 1
8.	RECEIPTS		
	(from Line 3)	a (₹) + (1 5) p + (• • • • • • • • • • • • • • • • • •	j
₽.	SUBTOTAL	• :	
	(Add Lines 7 and 8)	i.≱ ₹ *	,
0.	DISBURSEMENTS(Fram Line 6)		з
1.	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: 1a 2

			<u></u>
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.			
Mariana Chamber angrassional Artin ammittee			
Full Name (Lest, First, Middle Initial) / Full Organiza A.	ROII NAME		Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer of Principal Place of Business			Aggregate Year-to-Date
Occupation			
			, ,
Full Name (Last, First, Middle Initial) / Full Organiza	tion Name		Oate of Receipt
В.			W # / D D / Y Y Y
Mailing Address			
			Amount of Each Denoist this Derive
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	<u>-</u>		, , , , , , , , , , , , , , , , , , ,
Occupation	 .		Aggregate Year-to-Date
- 			
Full Name (Last, First, Middle Initial) / Full Organiza	tion Name		Date of Receipt
C			M M ' 60 D ' Y Y Y Y
Mailing Address	<u>.</u>		Amount of Fig. 1 and 1 and 1 and 1
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	.		
			Aggregate Year-to-Date
Occupation			
Cull Manne (Least Class Address Law to a control of	dian North		, , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial) / Full Organiza D.	non name		Date of Receipt
			M M / D D / Y Y Y Y
Mailing Address			Amount of Each Population Paried
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	 .		, , .
Occupation	<u> </u>		Aggregate Year-to-Date
			1 7
SUBTOTAL of Receipts This Page (optional)			, ,
TOTAL This Period (last page this line number only))	<u>, , ,</u>

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

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

FOR LINE NUMBER: PAGE OF

(check only one) 4a 4c 4c 5

4b 4d

				person for the purpose of soliciting contributions lee to solicit contributions from such committee.
\sum	NAI and Cha	nber On	alessional	Action ammittee
A.	ull Name (Last, First, Middle Initial)			Date of Disbursement
				Marian de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania della compania de la compania della c
N	laiting Address			
C	ity	State	Zip Code	Amount of Each Disbursement this Period
P	urpose of Disbursement			, ,
F	ull Name (Last, First, Middle Initial)	/ Full Organization Nar	me	
В.		_		Date of Disbursement
_ N	laiting Address	-		MENTODIANA
_		Circle	7's Code	
C	lity	State	Zip Code	Amount of Each Disbursement this Period
P	urpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	
	ull Name (Last, First, Middle Initial)	/ Full Organization Nar	me	Date of Disbursement
C.				M M / D D / Y Y Y
Ņ	Mailing Address	•		
Č	City	State	Zip Code	Amount of Each Disbursement this Period
F	Purpose of Disbursement		·	
F	ull Name (Last, First, Middle Initial)	/ Full Organization Na	me	
D.				Date of Disbursement
h	Mailing Address			
ō	City	State	Zip Code	Amount of Each Disbursement this Period
F	urpose of Disbursement			· , , .
Е.	ull Name (Last, First, Middle Initial)	/ Full Organization Na	me	Date of Disbursement
E.				State of Disputational
h	Mailing Address			
ā	City	State	Zip Code	Amount of Each Disbursement this Period
Ī	Surpose of Disbursement		<u> </u>	· , , .
 SU	BTOTAL of Disbursements This Pa	ge (optional)		5 3 2
TO	TAL This Period (last page this line	number only)		
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	:
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness 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):	e of Receipt or Postmarked
52	1/19/07
PREPARER (3/2005)	DATE PREPARED