2028 - 07 - 28 - 08 - 00447892

FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2023 JUL 200 134 101; 43

FEC FORM 3X

Rev. 05/2016

								FOFO	OOL COMICCION	U Only	
1.	NAME OF COMMITTEE (PE OR PF	RINT ▼		mple: If typer the lines.	oing, type	12F]	E4M5		
\mathcal{I}_{1}	NIDITIAINI	4, (C,14,4,	MBILL	R K1011	1685	5,5,7,0	NALL	14CT	IOM .		
6	OMMITT	TEL			1 1 1 1	111					
ADI	DRESS (number	and street)	1,1,5	IME,5,7	WAS	SHIN	6,7,0,0	15,7	REET		لسبب
T	Check if d	merent	545	TE 1815	505			لللل	! ! ! !		
L.	than previ reported. (ously (ACC)	INDI	ANAF	0,6,4,5	<u> </u>	لــــا	IM	462	D14 -	
2.	FEC IDENTIF	ICATION NUM	BER ▼		CITY A			STATE 4	\	ZIP CO	DE ▲
	C 0.0.4	0559	7	3.	IS THIS REPORT	X	NEW (N) OF		AMENDED (A)		
4.	TYPE OF RI	EPORT	(b) Month Repor		Feb 20 (M2)		May 20 (M	5)	Aug 20 (M8)		Nov 20 (M11) (Non-Election
	(a) Quarterly F	Benorts:	Due C)n: 💳	Mar 20 (M3)		Jun 20 (M6	s) 🔲	Sep 20 (M9)		Year Only) Dec 20 (M12) (Non-Election
	April 1	•			Apr 20 (M4)		Jul 20 (M7		Oct 20 (M10)		Year Only) Jan 31 (YE)
		erly Report (Q1)	(6)	2-Day		Primary (1	2P)	Ge	neral (12G)		Runoff (12R)
		erly Report (Q2)		PRE-Election Report for the	· 🔲	Convention	(12C)	Sp	ecial (12S)		
		erly Report (Q3)				N T N	/ <u> 0 - 0 </u>		***1	in the	
	Year-E	End Report (YE) 1 Mid-Year	-		ection on		لـــا	<u> </u>		State of	
	Repor	t (Non-election Only) (MY)		0-Day POST -Election Report for the		General (3	0G)	Ru	noff (30R)		Special (30S)
	Termir (TER)	nation Report		•	ection on	мим	/ 0.0	· • • • • • • • • • • • • • • • • • • •		in the State of	
5 .	Covering Period	d 0,1	01	120	23	through	Ö	6 3	ပီ ' ½ ပီ	23	
	rtify that I have		Report and	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	d	wledge and	l belief it is	true, corre	ect and complete	le.	
Тур	e or Print Name	of Treasurer	<u> عو</u> ۔ ۲	(+ U/	antley						
Sigr	nature of Treasu	irer	143	en &			<u>-</u>	Date	05/2	6	2323
NOI	E: Submission o	of false, erroneou	us, or incon	nplete informa	ation may su	bject the p	erson signing	this Repo	rt to the penalti	es of 52	U.S.C. § 3010

202M: 07:28:0M:0044789M

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
v	Nrite or Type Committee Name Indiana Chamber C	Congressional Action Committee	·
F	Report Covering the Period: From:	0.1 01 2023 To: 06	3.0 2023
			COLUMN B dar Year-to-Date
6.	(a) Cash on Hand January 1,		9,040,84
	(b) Cash on Hand at Beginning of Reporting Period	904084	
	(c) Total Receipts (from Line 19)		0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7 .	Total Disbursements (from Line 31)	6500	<u>, 65,00</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	857584 m	857584
9.	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 mu	lticandidate committee. (see FEC FORM 1M)	
_	,	For further information contact:	
		Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

2025-07-28-05-00447894

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Indiana Chamber Congressional Action Committee 06 To: 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) Unitemized (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)▶

0	
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from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures * 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule F)..... 26. Loan Repayments Made..... 27. Loans Made Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Hev. 05/2016)		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)	0	
34.	Total Contribution Refunds (from Line 28(d))	0	T
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		0
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6500	6500
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	6500	6500

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SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE / OF /
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) Indiana Chamber C	ingres	sim d Action a	imm. Hee
Full Name of Individual (Last, First, Middle Initia			
Mailing Address			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt
Mailing Address			Date of Necept
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt
Mailing Address			# C
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		•	
TOTAL This Period (last page this line number or	nly)	>	

SCHEDULE	В	(FEC	Form	3X)
ITEMIZED D)ISE	BURSE	MENT	S

ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check	NE NUMBER: PAGE OF Sonly one)
TEMPLE DIODOROLMENTO	for each category of the Detailed Summary Page	1b 22 23 26 27
		8a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congre	essilul Action Comm	rittee
Full Name (Last, First, Middle Initial)		Date of Disbursement
J. P. Morgan Chase		
Mailing Address		01 01 2023
City	State Zip Code YU204	FEC Identification Number
Purpose of Disbursement Account Analysis Chair Candidate Name	00	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	3520
	Primary General	[200]
State: District:	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)	<u>-</u> √	
B. J. P. Morgan Chase		Date of Disbursement
Mailing Address		7 21 31 2023
City Chio St	State Zip Code	
Purpose of Disbursement	IN 46204	FEC Identification Number
Purpose of Disbursement		
Account Analysis Charge Candidate Name	Category/	Amount of Each Disbursement this Period
	Туре	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate	nent For: Primary General	Linux
	Other (specify)	D
State: District:		Memo Item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
J. P. Margan Chase		Mark / Dable / Paragraph
Mailing Address / E Ohio St.		02 28 2023
City_ Indianapolis	State Zip Code ZN Y610Y	FEC Identification Number
Purpose of Disbursement		
- Account Andyis Chang	1 001]
Candidate Name	Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen		500
	Primary General	
State: District:	Other (specify) ▼	Memo Item
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE	В	(FEC	Form	3X)
ITEMIZED () SE	BURSE	MENT	S

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only of 21b 28a			
Any information copied from such Reports and Statemor for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Indiana Chamber C	ingressional Ac	tin le	mmittee		
A. J. P. Marse (Last, First, Middle Initial) Mailing Address A. Chio St.	· .		Date of Disbursement		
Purpose of Disbursement Candidate Name Office Sought: House Senate Senate		Category/ Type	FEC Identification Number C Amount of Each Disbursement this Period S Memo Item		
Full Name (Last, First, Middle Initial) B. A. Mayer Chast Mailing Address L. Ch. 5 St City Turk angelis Purpose of Disbursement Account Analysis Change Candidate Name	· · · · · · · · · · · · · · · · · · ·	O O (Category/	Date of Disbursement Dy 28 223 FEC Identification Number C Amount of Each Disbursement this Period		
	ent For: Primary General Other (specify)	Туре	Memo Item		
E. Full Name (Last, First, Middle Initial) Mailing Address Mailing Address			Date of Disbursement		
Purpose of Disbursement Candidate Name Office Sought: House Senate Disbursem		Category/ Type	FEC Identification Number C Amount of Each Disbursement this Period S Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					

2023
<u>0</u> 7
8
3
00447900
7

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

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

SCHEDULE B (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF ?
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 23 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold or used the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Indiana Chambo	long ressimel t	tedin Commother
Full Name (Last, First, Middle Initial) A. J. P. Musch Cha	A-1.	Date of Disbursement
Mailing Address - Oh.o <+		0.6/30/2027
City Indian yorki	State Zip Code 46204	FEC Identification Number
Purpose of Disbursément Authorise Candidate Name	Augi [
	sbursement For:	Category/ Type Amount of Each Disbursement this Period \$\sigma \cdot \
Senate President	Primary General Other (specify) ▼	Memo Item
State: District: Full Name (Last, First, Middle Initial)		
В.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Senate	sbursement For: Primary General	
State: District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Senate	sbursement For: Primary General	
State: District:	Other (specify) ▼	Memo Item

SCHEDULE C	(FEC	Form	3X)
LOANS		•	

OANS			Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF /
IAME OF COMMITTEE (In Fu	ıll)		Detailed Summary Fage	FOR LINE 13 OF FORM 3X
•	•		John Com. Her	
···Y				lection:
LOAN SOURCE Full Nam	ie (Last, First, Mi	ddle Initial)	☐ Memo Item ☐	Primary
				General
Mailing Address				Other (specify) ▼
		· ·		
City		State Z	P Code	
Original Amount of Loan		Cumulative Payme	nt To Date Balance	Outstanding at Close of This Period
TERMS				4 - 7)* - 4
Date Incurre	d	Date	Due Interest Rate	Secured:
M M / D M D / Y	,,,,,,	M W / D B /	Y T Y T Y T Y	% (apr) Yes No
		<u> </u>		70 (арг)
List All Endorsers or Guan 1. Full Name (Last, First, M.		o Loan Source	Name of Employer	
T. Full Ivallie (Last, Filst, IV	modie imital)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount	******
			Guaranteed Outstanding:	
2. Full Name (Last, First, M	fiddle Initial)		Name of Employer	
Mailing Address				
Walling Address			Occupation	
City	State	ZIP Code	Amount	
			Guaranteed Outstanding:	77 A 77 A A 77
3. Full Name (Last, First, N	fiddle Initial)		Name of Employer	
				
Mailing Address			Occupation	
City	State	ZIP Code	Amount	
			Guaranteed Outstanding:	
4. Full Name (Last, First, M	l fiddle Initial)		Name of Employer	
(,	,		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
			Outstanding:	
			ن	
SUBTOTALS This Period This	Page (optional)		• · · · · · · · · · · · · · · · · · · ·	
FOTALS This Period (last pag	o in this line cal	· · · · · · · · · · · · · · · · · · ·		
	e iii uiis iine oni;	//······		<u> </u>
Carry outstanding balance on	ly to LINE 3, Sci	nedule D, for this lir	e. If no Schedule D, carry forward	d 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					
Indiana Chambel Congression	of Achin Committee	, C					
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)					
Full Name	72 72	%					
Mailing Address							
	Date Incurred or Established						
City State Zip Code	Date Due	M M / B B / V V V V V					
A. Has loan been restructured? No Yes	If yes, date originally incurre	d M.M.					
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:						
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? nust be reported on Schedule C.)						
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected secuinterest in it? No Yes							
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes,	, -	What is the estimated value?					
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 pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.							
G. COMMITTEE TREASURER		DATE					
Typed Name Signature							
H. Attach a signed copy of the loan agreement.							
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11 to the institution is aware.	ncluding interest rate) no more fa of comparable credit worthiness. a loan must be made on a bas	avorable at the time than those imposed for is which assures repayment, and has					
AUTHORIZED REPRESENTATIVE		DATE					
Typed Name							
Signature	ītle	 					

City

Outstanding Balance Beginning This Period

SCHEDULE D (FEC Form 3X) PAGE OF (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** (check only one) for each 9 **Excluding Loans** numbered line) 10 NAME OF COMMITTEE (In Full) Indiana Chamber Congressiand Action Committee Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address

	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
			27 1 27 1 27 1
1)	SUBTOTALS This Period This Page (optional)	>	
2)	TOTALS This Period (last page this line numb	er only)	
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	77
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)▶	7

Zip Code

State

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURE	ES			PAGE / OF / FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Cur	gressin	1 Atim Con	mittee	C
Check if 24-hour report 48-hour report	New re	eport Amends repo	rt filed on	и , във , учучу
Full Name of Payee	·	Memo	Item Date	of Public Distribution/Dissemination
			[M M / D D / Y BY BY
Mailing Address			Amou	
City	State	Zip Code		
Purpose of Expenditure		·	Date	of Disbursement or Obligation
, s.p. s. 2.p. s. s. s.		Category/ Type] C	, , , , , , , , , , , , , , , , , , , ,
Name of Federal Candidate:		Support	Office Sough	nt: House District:
		Oppose	Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursemer	nt For: Primary General
Per Election for Office Sought				Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Nation Address			[и м / в в / V V V V
Mailing Address			Amou	nt
City	State	Zip Code	 	
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
		Type	_	
Name of Federal Candidate:		Support	Office Sough	nt: / House District:
		Oppose	Presid	ent Senate State:
Calendar Year-To-Date	* * * * *		Disbursemer	nt For: Primary General
Per Election for Office Sought				Other (specify)
				, , , , , , , , , , , , , , , , , , ,
(a) SUBTOTAL of Itemized Independent Expenditu	res	-	-	
(a) SUBTOTAL of Unitermized Independent Expend	litures			
(a) SOBTOTAL OF STREETIZED INDEPENDENT CAPETO			*	
(a) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
			، اسمعا	D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		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

	(То	be used	only b	y Pol	itical Com	mittees in the	Genera	al Election)	FOR LI	NE 25	OF FORM 3X
	ME OF COMMITTEE (In Full)					· · ·					
	Indiana Chamber Co	^5^C<	SIM	el)	Action	Comm.	He				
Ha co	s your committee been designated to ma ordinated expenditures by a political party YES NO YES, name the designating committee:	ke	ee?	ull Na		ordinate Comm		-			
			C	City				Sta	ate	ZIP C	ode
-	Full Name (Last, First, Middle Initial) of	Each Pa	yee		₹.	☐ Memo I	Item	Purpose of Exp	enditure		Galagany
	Mailing Address					-					Category/ Type
	City	S	State		Zip Code		\dashv	Date /	, p. 6		~~~
	Name of Federal Candidate Supported	Office S	Sought:	\square	House Senate Presidentia	State:		Amount	~ ·	v · v	~~~
	Aggregate General Election Expenditure for this Candidate ▶	•	28-4-	-	· · · ·			L		373 <u></u>	
	Full Name (Last, First, Middle Initial) of Each Payee										
	Mailing Address							Date			Туре
	City Name of Federal Candidate Supported	Office S	State		Zip Code House				0 0 0 /		
		Office	ougni.		nouse Senate Presidentia	State: District:		Amount		· V	
	Aggregate General Election Expenditure for this Candidate										
Full Name (Last, First, Middle Initial) of Each Payee							Item	Purpose of Exp	penditure		Category/
	Mailing Address						-	Date			Туре
	City	5	State		Zip Code				0 0 0 /		~~~
	Name of Federal Candidate Supported	Office 5	Sought:		House Senate Presidentia	State:		Amount	-	•	
	Aggregate General Election Expenditure for this Candidate ▶										
s	UBTOTAL of Expenditures This Page (op	tional)			······		<u> </u>			√ √ √ √ · · · · · · · · · · · · · · · ·	
т	OTAL This Period (last page this line num	nber 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 Full)
Indiana Chamber angression 1 Action Comm. Hosp
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
Indicate ratio below
•
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
IAME OF COMMITTEE (In Full)							
Indiana Chamber Congressional Adia Comm	Her						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.		-					
Methods of allocation:							
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of					
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.							
ACTIVITY OR EVENT IDENTIFIER		,					
AOTHUTA 10	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	<u> </u>					
New Revised Same as Previously Reported							
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	<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	%	%					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%					

PAGE

SCHEDULE H3 (FEC Form 3X)

		SFERS FROM NONFEDERAL ACCOUNTS FOR CATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
1 L	.LUC	CATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X
		diana Chamber Congression Achin Committee	
		DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	BRE	AKDOWN OF TRANSFER RECEIVED	
	i)	Total Administrative	
	ii)	Generic Voter Drive	7 7 7
	iii)	Exempt Activities	
	iv)	Direct Fundraising (List Activity or Event Identifier)	
		a)	
		b) `	`
		c) Total Amount Transferred For Direct Fundraising	
	v)	Direct Candidate Support (List Activity or Event Identifier)	
1		a)	·
		b)	•
		c) Total Amount Transferred For Direct Candidate Support	
	vi)	Public Communications Referring Only to Party (Made by PAC)	
		TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
Т	OTAL	This Period (Administrative)	
Τ	OTAL	This Period (Generic Voter Drive)	
Т	OTAL	This Period (Exempt Activities)	
T	OTAL	This Period (Direct Fundraising)	
T	OTAL	This Period (Direct Candidate Support)	
т	OTAL	This Period (Public Communications Referring Only to Party)	

TOTAL This Period (Total Amount Transferred).....

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	/	OF	(
FOR LI	NF 2	1a OF	FORM	1 3X

N	AME OF COMMITTEE (In Full)				
	Indiana Chambr Congres	sind 1	John los	nn the	,
A.	. Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	City	State	Zip Code		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date NAM / DOD / YAYAYA
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			77 - 1 - 77		2 2 2
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Ashiriba ou Franch Hondiffere				
	Activity or Event Identifier: Category Type				Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		7.			
_	Full Name (Loss Sint Middle Latter)	<u> </u>			Allocated Activity or Event:
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zıp Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:				
				Category/ Type	Date Mam / BB / Yayayay
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
	737		7)7-1-1-75		
SI	JBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
TC	OTAL This Period (last page for each line only)(Federal shar	e to 21(a)(i) and	NonFederal sha	are to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
			-	·	
		<u> </u>			

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)

	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressioned A	Am Comm. Her
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Will di Addenti	TOTAL AMOUNT THANSIETHED
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration,	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	
NAME OF ACCOUNT	TOTAL AMOUNT TRANSCEPSES
NAME OF ACCOUNT - DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
- M M M / D M D /	,
BREAKDOWN OF THIS TRANSFER	i
i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
,	VOTER ID
ii) Voter ID	VOICH ID
Total Amount Transferred for Voter ID	4 - 4 - 57 - 4 - 4 - 57 - 4 - 4 - 57 - 4 - 4 - 57 - 4 - 4 - 57 - 4 - 4 - 57 - 4 - 4 - 57 - 4 - 57 - 57
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
	CENERIO CAMPAION ACTIVITY
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
	<i>i</i>
TOTALS FOR BREAKDOWN OF TRANSF	ER RECEIVED (Last Page Only)
·	
TOTAL This Period (Voter Registration)	
المحاجبا	
TOTAL This Period (Voter ID)	
, , ,	
TOTAL This Period (GOTV)	
. 3	
TOTAL This Poriod (Constit Compains Astinity)	
TOTAL This Period (Generic Campaign Activity)	
	
TOTAL This Period (Total Amount of Transfers Received)	
•	

PAGE

/ OF /

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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	1	
FOR	LINE	30a	OF	FORM	зх

Indiana Chambes languestial Action Committee	
Indiana Chambes languessial Action Committee	
• • • • • • • • • • • • • • • • • • •	
A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Type of Allocated Voter Regist Voter ID	
Mailing Address Allocated Act	tivity or Event Year-To-Date
City State Zip Code	4 4 77 4 4 70 4
Purpose of Disbursement Category/	, D
FEDERAL SHARE + LEVIN SHARE =	TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Activity or Event:
Voter Regist	tration GOTV Generic Campaign
Mailing Address Allocated Act	tivity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type Date	
FEDERAL SHARE + LEVIN SHARE =	TOTAL AMOUNT
	22.
C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Type of Allocated Voter Regist Voter ID	d Activity or Event: tration GOTV Generic Campaign
Mailing Address Allocated Ac	tivity or Event Year-To-Date
City State . Zip Code	
Purpose of Disbursement Category/ Type Date	/ 800 / 7000
FEDERAL SHARE + , LEVIN SHARE =	TOTAL AMOUNT
INDICAL of Charact Endorshand Lovin Ashirity This Dass	
UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE =	TOTAL AMOUNT
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))	
FEDERAL SHARE	TOTAL AMOUNT
LEVIN SHARE	7
OTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X)

NAME OF COMMITTEE (In Full) Indian Chamber angressiand Achen Committee.						
NAME OF ACCOUNT						
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)					
	(b) Unitemized					
	(c) Total		272			
2.	OTHER RECEIPTS		7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
3.	TOTAL RECEIPTS	7	75 77 77			
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration	77-1-1-77-1-1-77				
	(b) Voter ID	7 7 7	7) 1 17			
	(c) GOTV	7				
	(d) Generic Campaign	72 1 27 1 27 1				
,	(e) Total		7 7 7			
5.	OTHER DISBURSEMENTS	77	77-4-77			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)					
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	7 1 7 1 7 1	7 1 7			
8 .	RECEIPTS(from Line 3)	4.4.7.4.4.7.4.4.	7			
9.	SUBTOTAL	77				
10.	DISBURSEMENTS		7			
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					

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

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

	PAGE	/ OF	
OR LINE NUMBER:	1a]2

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	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Indiana Chamber Congres	Sionel	Ada Com	n. Hee
Α.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt		
	maining / hadress	Amount of Each Receipt this Period		
	City	State .	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)	·		75 475
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	Name	Date of Receipt	
	Mailing Address			
	City	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Aggregate Year-to-Date		
	Occupation (for Individual)			
C.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt		
	Mailing Address			Amount of Each Receipt this Period
	City	State	Zip Code	
	Name of Employer (for Individual)	Aggregate Year-to-Date		
	Occupation (for Individual)	7 1 7		
D.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt		
	Mailing Address	Amount of Each Receipt this Period		
	City	State	Zip Code	Table of Education of the Forest
	Name of Employer (for Individual)			Aggregate Year-to-Date
	Occupation (for Individual)	752 452 A52		
S	UBTOTAL of Receipts This Page (optional)		·····	
T	OTAL This Period (last page this line number only)	·····•	>	

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

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

FOR LINE NUMBE	ER:	PAG	Ε		OF	1
(check only one)			$\overline{}$	1		- -
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	l I.	4h		44		

OF LEVIN FUNDS		Aggregation Page	☐ 4b ☐ 4d	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full) Indiana Chamber Lu	ngvess/	ml Achier Com	n.thee	
Full Name (Last, First, Middle Initial) / Full Orga	e	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 Orga B.	inization Name	e	Date of Disbursement	
Mailing Address			/ 60B / VVVVVV	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Orga C.	e	Date of Disbursement		
Mailing Address	Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Orga D.	inization Name	e	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 Orga	inization Name	e	Date of Disbursement	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement				
SUBTOTAL of Disbursements This Page (optional)	····		
TOTAL This Period (last page this line number or	ıly)	•		

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2023-07-28-03-00447915

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.					
Hand Delivered		Date of Receipt			
USPS First Class Mail		Date of Receipt			
USPS Registered/Certified		Postmarked (R/C)			
USPS Priority Mail	·	Postmarked			
USPS Priority Mail Express		Postmarked			
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt 7/28/23			
FENES	' Next Busines	ss Day Delivery			
Received via FAX		Date of Receipt			
Received via Email		Date of Receipt			
Received from Electronic Filing Office	ce	Date of Receipt			
Other (Specify):	Date of R	Receipt or Postmarked			
MDO		7/28/23			
(4/2023)		DATE PREPARED			