

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period:

From:

MM ' DD ' YYYY
01 ' 01 ' 2023

To:

MM ' DD ' YYYY
06 ' 30 ' 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2023		904084
(b) Cash on Hand at Beginning of Reporting Period.....	904084	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	6500	6500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	897584	897584
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate 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

NONUNION - NOT A UNION - NOT A UNION

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period: From:

01 / *01* / *2023*

To:

06 / *30* / *2023*

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

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

0

0

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

0

0

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	6500	6500
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6500	6500
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6500	6500
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0

2025 RELEASE UNDER E.O. 14176

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE / OF /
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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.

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

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

1998-2001-2004-2007-2010-2013-2016

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 3		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial)
J. P. Morgan Chase

Date of Disbursement
MM/DD/YYYY
01/01/2023

Mailing Address
1 E Ohio St.

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement
Account Analysis Charge

Candidate Name

Category/Type
001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
3500

Memo Item

B. Full Name (Last, First, Middle Initial)
J. P. Morgan Chase

Date of Disbursement
MM/DD/YYYY
01/31/2023

Mailing Address
1 E Ohio St

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement
Account Analysis Charge

Candidate Name

Category/Type
001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
500

Memo Item

C. Full Name (Last, First, Middle Initial)
J. P. Morgan Chase

Date of Disbursement
MM/DD/YYYY
02/28/2023

Mailing Address
1 E Ohio St.

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement
Account Analysis Charge

Candidate Name

Category/Type
001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
500

Memo Item

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

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

20230101 10:40:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 3 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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.

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A.

Full Name (Last, First, Middle Initial)
J. P. Mergen Chase

Mailing Address
1 E. Ohio St

City *Indianapolis* State *IN* Zip Code *46204*

Purpose of Disbursement
Award Analysis Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM/DD/YYYY
06/30/2023

FEC Identification Number
C

Amount of Each Disbursement this Period
500

Category/Type
001

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM/DD/YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Category/Type

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM/DD/YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Category/Type

Memo Item

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

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

2023-06-30 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NONPROFIT CORPORATION

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER C
--------------------------------------------------------------------------------------	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

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 must 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: What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: 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 Typed Name Signature	DATE
---------------------------------------------------	------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. 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.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

NON-FEDERAL ELECTION CAMPAIGN

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A. 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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. 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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

2009742400 610 0014799

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 Action Committee

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

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

NONFEDERAL

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- 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.

NON-FEDERAL CANDIDATE SUPPORT

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

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

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED																																								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">M</td> <td style="width:10%; text-align:center;">M</td> <td style="width:10%; text-align:center;">/</td> <td style="width:10%; text-align:center;">D</td> <td style="width:10%; text-align:center;">D</td> <td style="width:10%; text-align:center;">/</td> <td style="width:10%; text-align:center;">Y</td> <td style="width:10%; text-align:center;">Y</td> <td style="width:10%; text-align:center;">Y</td> <td style="width:10%; text-align:center;">Y</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y											<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td> </tr> </table>																				
M	M	/	D	D	/	Y	Y	Y	Y																																	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ii) Generic Voter Drive

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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)

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

TOTAL 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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Public Communications Referring Only to Party)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL This Period (Total Amount Transferred)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2025 RELEASE UNDER E.O. 14176

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 18b OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>		
NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION []
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID []
iii) GOTV Total Amount Transferred for GOTV.....	GOTV []
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY []

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION []
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID []
iii) GOTV Total Amount Transferred for GOTV.....	GOTV []
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	[]
TOTAL This Period (Voter ID).....	[]
TOTAL This Period (GOTV).....	[]
TOTAL This Period (Generic Campaign Activity).....	[]
TOTAL This Period (Total Amount of Transfers Received).....	[]

20160424 10:00:00 AM

**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)

NAME OF COMMITTEE (In Full)

Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

MM / DD / YYYY

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

MM / DD / YYYY

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Category/
Type

Date

MM / DD / YYYY

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

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

LEVIN SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

NON-FEDERAL DISBURSEMENTS

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

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

PAGE / OF /
 FOR LINE NUMBER:
 (check only one) 1a 2

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.

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Comm. Here

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

11-01-2016 10:00:00 AM

X-RAYED BY FEC SECURITY

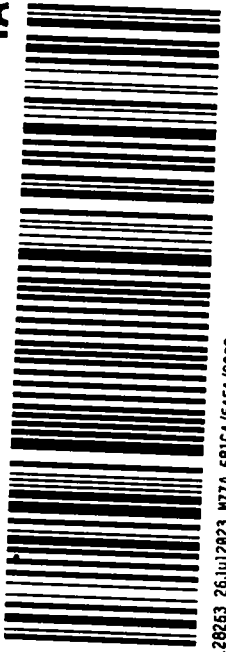
FedEx
TRK# 8663 5400 8840
0215

THU - 27 JUL AA
PRIORITY OVERNIGHT

XE JPNA
20002
DC-US
IAD

Extremely Urgent

RT 724 2 10:30
FZ 8840 07.27



FedEx Express
US Airbill

6128263 26JUL2023 NZZA 681G4/6AE4/C088
8663 5400 8840

Form 1076
0215
Recipients Copy

1 From This portion can be removed for Recipient's records.

Date 7/26/23 FedEx Tracking Number 866354008840

Sender's Name Jett Gentry Phone 317 264-3110

Company INDIANA STATE CHAMBER OF COMM

Address 115 W WASHINGTON ST

City INDIANAPOLIS State IN ZIP 46204-3420

2 Your Internal Billing Reference

3 To Recipient's Name

Company Federal Election Commission

Recipient's Address 1350 Pennsylvania Ave

Address to request a package be held at a specific FedEx location, print FedEx address here

City Washington DC State DC ZIP 20004

0384841716



Insert shipping document here

4a Express Package Service

FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx Express Saver
 FedEx 2Day
 FedEx 1Day Freight

4b Express Freight Service

FedEx 1Day Freight
 FedEx 2Day Freight
 FedEx 3Day Freight

5 Packaging

FedEx Envelope
 FedEx Pak
 FedEx Tube
 FedEx Box
 Other

6 Special Handling

SATURDAY Delivery
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location

7 Payment

Recipient
 Third Party
 Credit Card
 Cash/Check

8 Residential Delivery Signature Options

No Signature Required
 Direct Signature
 Indirect Signature

539

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <div style="text-align: center; margin-left: 100px;"><i>FEDEX</i></div>	Shipping Date <div style="text-align: center; margin-left: 100px;"><i>7/26/23</i></div> Date of Receipt <div style="text-align: center; margin-left: 100px;"><i>7/28/23</i></div> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>WDD</i> PREPARER	<div style="text-align: center; margin-left: 100px;"><i>7/28/23</i></div> DATE PREPARED

(4/2023)

NON-FEDERAL ELECTION DOCUMENTS