# 2020 - 10 - 29 - 0M - 00MH1904

**FEC** FORM 3X

Use

Only

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED -FEC MAIL CENTER

2020 OCT 22 AM 9: 53

**FEC FORM 3X** 

Rev. 05/2016

Office Use Only

	NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		ample: If ty er the lines.	ping, type	12FE4M	[5	_
ADDF	DIANA CHAMBER  RESS (number and street)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION N  C 00405597	[1,15 V	YEST WA	SHINGT	DŅ ŞT,RI	EET, SUITE	IN STATE A	MENDED	CODE A
(	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (  July 15 Quarterly Report (  October 15 Quarterly Report (  January 31 Year-End Report (  July 31 Mid-Year Report (Non-elective Conly) (MY)  Termination Report (TER)	Q1) (c) (d) (d)	12-Day PRE-Election Report for t  30-Day POST-Elect Report for t	he:		May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  2P)  1 (12C)	Sep	(12S) in tl Stat  30R) in tl	Special (30S)
I certi	Covering Period  O  ify that I have examined to or Print Name of Treasure ature of Treasurer	(	and to the beech B	est of my know	through	1 belief it is true	ate	2020 d complete.	Y 2010
NOTE	Submission of false, error	neous, or in	complete infor	mation may s	ubject the po	erson signing thi	s Report to t		52 U.S.C. § 30109

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## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	· ·	Page 2
Write or Type Committee Name	•	•
Report Covering the Period: From:	' 01° ' 2020° To	03 31 2020
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2020		.,. 11,656.90,
(b) Cash on Hand at  Beginning of Reporting Period	" 11, <u>6</u> 56.90 <u>"</u>	
(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)	73. 73. 73.	0
7. Total Disbursements (from Line 31)	20.00	20.00
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>"</u> 11,636,90	" 11,63 <u>6,</u> 90
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 multicand	idate committee. (see FEC FORM 1M)	
Fo	r further information contact:	
, ·	Federal Election Commission 1050 First Street, N.E: Washington, DC 20463	•
	Toll Free 800-424-9530 Local 202-694-1100	

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# 2020 - 10 - 29 - 0M - 00M51906

### **DETAILED SUMMARY PAGE**

of Receipts

Page **3** 

FEC Form 3X (Rev. 05/2016)
Write or Type Committee Name

01 Ő3 |Ö1" 2020 **3**1 2020 Report Covering the Period: From: To: **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.) 0 (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) ..... 0 (b) Levin Funds (from Schedule H5) ........ (c) Total Transfers (add 18(a) and 18(b))... 0 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) .......▶

### **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) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating 20.00 20.00 Expenditures ..... (c) Total Operating Expenditures 20.00 20.00 (add 21(a)(i), (a)(ii), and (b)) ...........................▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 0 26. Loan Repayments Made..... 27. Loans Made..... 0 0 Refunds of Contributions To: Individuals/Persons Other Than Political Committees ..... 0 (b) Political Party Committees ..... 0 (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds 0 0 29. Other Disbursements (Including Non-Federal Donations)..... 0 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)).. 20.00 20.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 20.00 20.00

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## DETAILED SUMMARY PAGE of Disbursements

•	FEC Form 3X (Rev. 05/2016)	of Disbursements	- Page <b>5</b>
	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	0
34.	Total Contribution Refunds (from Line 28(d))	673 673 673	0
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0	0
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)  11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Indiana Chamber Congressional Ac	tion Committee	
Full Name of Individual (Last, First, Middle Initial) or Full A.	Organization Name	Date of Receipt
Mailing Address		M - M / D - D / Y - Y - Y - Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		·
Name of Employer (for Individual)	ccupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	e Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full <b>B.</b>	Organization Name	Date of Receipt
Mailing Address		M • M / O • O / Y • Y • Y
City	Zin Codo	

	rederal political committee.			' <del></del>
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Ini	itial) or Full Org	anization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each free pt this fellow
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
<del>С</del> .	Full Name of Individual (Last, First, Middle Ini	itial) or Full Org	anization Name	Date of Receipt
	Mailing Address	·		M / O O / 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 (for Individual)	Occup	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)		<b>•</b>	3
ד	OTAL This Period (last page this line number	only)	<b>•</b>	45 42 42

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# SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1		
TEMIZED DISBURSEMENTS	for each category of the	(check only one) 21b 22 23 26 27		
	Detailed Summary Page	28a 28b 28c 29 30b		
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congressional	Action Committee			
Full Name (Last, First, Middle Initial)		Date of Disbursement		
J.P. Morgan Chase		Man / Da / VVVV		
Mailing Address  1 E. Ohio Street		01 31 2020		
	State Zip Code	FEC Identification Number		
Indianapolis Purpose of Disbursement	IN 4620			
Account analys	is charge	0, 0, 1		
Candidate Name		Category/ Type  Amount of Each Disbursement this Period		
Office Sought: House Disburser		, 20.00,		
	Primary General Other (specify) ▼	n		
State: District:	V 1 = 27 ▼	Memo Item		
Full Name (Last, First, Middle Initial)		Date of Disbursement		
		MAM / DEG / VAVAVAV		
Mailing Address				
City	State Zip Code	FEC Identification Number		
Purpose of Disbursement		C		
Candidate Name		Category/ Amount of Each Disbursement this Period		
·		Type Amount of Each Disputsement this Period		
Office Sought: House Disbursem	nent For: Primary			
President	Other (specify)	Memo Item		
State: District:  Full Name (Last, First, Middle Initial)				
C.		Date of Disbursement		
Mailing Address				
Mailing Address		لسمسما لسما لسما		
City	State Zip Code	FEC Identification Number		
Purpose of Disbursement	<u> </u>			
Candidate Name		Category/ Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	Туре		
Senate	Primary General			
State: President	Other (specify) ▼	Memo Item		
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)				

### SCHEDULE C (FEC Form 3X) LC

ountborr o 1. re	, , 0, , , ,					
LOANS	OANS					PAGE 1 OF 1
				Detailed Summary	/ Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In	•					
Indiana Cham	iber Congress	ional Actior	n Comm	ittee		
LOAN SOURCE Full Na	ame (Last. First. Mi	ddle Initial)	····	☐ Memo	Item El	ection:
	(2001, 7	auro minary				Primary
Mailing Address						General
Mailing Address .						Other (specify) ▼
011	No. 1710 O					
City		State	ZIP Cod	le	-	
Original Amount of Loan		Cumulative P	ayment To I	Date	Balance	Outstanding at Close of This Period
				• • • •		
	<u> </u>	ور کسیداسیدان			سا	(
TERMS Date Incu	rred		Date Due	Interes	t Rate	Secured:
M-M / D D /	<b>V • V • V • V</b>	M - M - / D -	D / Y	Y - Y - Y		
			<u>_</u>			% (apr) Yes No
List All Endorsers or Gu	uarantors (if any) t	o Loan Source	е		<del></del>	
1. Full Name (Last, First,	Middle Initial)	_		Name of Employer		
						·
Mailing Address				Occupation		
City	State	ZIP Code		Amount		
Oity	State	Zii Code		Guaranteed		
2. Full Name (Last, First,	Middle Initial)			Outstanding:		
2. Tull Name (Last, Tilst,	Middle Illitial)			Name of Employer		
Mailing Address		<del></del> -		Occupation		
				•		
City	State	ZIP Code		Amount		
				Guaranteed Outstanding:		
<ol><li>Full Name (Last, First,</li></ol>	Middle Initial)	· <del>-</del>		Name of Employer		
14.79						
Mailing Address				Occupation		
City	State	ZIP Code				
Oity	State	Zii Code		Amount Guaranteed	<b>V</b>	
4. Full Name (Last First	N 41-4-41 - 10-141-41			Outstanding:		
4. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
William ig 7 iaan ooo				Occupation		
City	State	ZIP Code		Amount	<del>, , , , , , , , , , , , , , , , , , , </del>	
				Guaranteed Outstanding:	.a	A A 272 A A A 272 A
		<del> !</del>	<u>.</u>			
SUBTOTALS This Period Th	nis Page (optional)					
					بيا	
TOTALS This Period (last p.	age in this line onl	y)				
· '						
Carry outstanding balance	only to LINE 3, Sci	nedule D, for th	nis line. If n	o Schedule D, carr	y forward	to appropriate line of Summary.

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

Supplementary for Information found on Page 1 of Schedule C

Federal Election Commission, W		LINDING INSTITUTION	Page 1 of Schedule C	
NAME OF COMMITTEE (In Fu	II)	· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER	
Indiana C	Chamber Congression	nal Action Committee		
LENDING INSTITUTION (LENG	DER)	Amount of Loan	Interest Rate (APR)	
Full Name	•	The state of the s		
			<u> </u>	
Mailing Address		-	Mam / DaD / Asababab	
		Date Incurred or Established		
City	State Zip Code	Date Due	M M / D D / V M V M V M V M V M V M V M V M V M V	
			/	
A. Has loan been restructu	ıred? No Yes	If yes, date originally incurre	ed """	
B. If line of credit,		Total		
Amount of this Draw:		Outstanding Balance:		
C. Are other parties second	darily liable for the debt incu	urred?		
No Yes	(Endorsers and guarantors	must be reported on Schedule C.	)	
D. Are any of the following	pledged as collateral for the	e loan: real estate, personal	What is the value of this collateral?	
property, goods, negotia	able instruments, certificates	of deposit, chattel papers, er similar traditional collateral?		
	If yes, specify:	er sirinar traditional conaterar:		
I INO LITES I	r yes, specify.		Does the lender have a perfected security	
			interest in it? No Yes	
E. Are any future contributi	ions or future receipts of inte	erest income, pledged as	What is the estimated value?	
collateral for the loan?	No Yes If yes,	, specify:		
			72 4 45 45	
<del> </del>		Location of account:	<u> </u>	
to 11 CFR 100.82(e)(2)	aust be established pursuant and 100.142(e)(2).	Location of account.		
Date account es	stablished:	Address:		
- M-1 M- / D-1 M- /	D / _ A A A A A A A A	City, State, Zip:		
F If neither of the types of	collateral described above v	was pledged for this loan, or if the	amount pledged does not equal or exceed	
the loan amount, state the	he basis upon which this loa	an was made and the basis on w	hich it assures repayment.	
G. COMMITTEE TREASUR	≀ER		DATE	
Typed Name		<u> </u>		
Signature				
H. Attach a signed copy of	of the loan agreement.			
	HE LENDING INSTITUTION:		<del></del>	
I. To the best of this are accurate as st	institution's knowledge, the ated above	terms of the loan and other infor-	mation regarding the extension of the loan	
II. The loan was mad	de on terms and conditions (		avorable at the time than those imposed for	
similar extensions	of credit to other borrowers	of comparable credit worthiness.	is which assures repayment, and has	
complied with the	requirements set forth at 11	it a loan must be made on a bas CFR 100.82 and 100.142 in mak	is which assures repayment, and has king this loan.	
AUTHORIZED REPRESENTATI			DATE	
Typed Name				
Signature		Title		

SCHEDULE D	(FEC Form 3X)
DEBTS AND O	BLIGATIONS

(Use separate

PAGE OF

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25

EBTS AND OBLIGATIONS cluding Loans	•	•	for each (check only one) numbered line)
AME OF COMMITTEE (In Full) Indiana Chamber Congres	ssional Act	ion Committee	
A. Full Name (Last, First, Middle Initial) of Debi	tor or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	1		
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This P
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	•
Amount Incurred This Period		ayment This Period	Outstanding Balance at Close of This P
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	L		··
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This P
SUBTOTALS This Period This Page (optional).			<b>&gt;</b>
) TOTALS This Period (last page this line number	er only)		<b>&gt;</b>
) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	<b>&gt;</b>
ADD 2) and 3) and carry forward to appropriate	e line of Summ	nary Page (last page o	only) ▶

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITU	IDEC		
	·nc3	· .	PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		_	FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional	Action Comm	ittee	C
Check if 24-hour report 48-hour repor	nt New re	eport Amends report	filed on MMM / D D / V V V V
Full Name of Payee		☐ Memo Ite	Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
		Type	لـــا لـا لـا
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought			Other (specify)
Full Name of Payee		☐ Memo Ite	Date of Public Distribution/Dissemination
			M = M / D = D / Y = Y = Y
Mailing Address			Amount
City	State	Zip Code	<del></del>
City	State	, zip code	
Purpose of Expenditure		Constant File	Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date		<del></del>	Disbursement For: Primary General
Per Election for Office Sought			Other (specify)
. (a) SUBTOTAL of Itemized Independent Expendent	ditures		<b>&gt;</b>
(a) SUBTOTAL of Unitemized Independent Exp	enditures		<u> </u>
(a) 555 15 TAL OF OTHER MESSES MESSES MESSES EXP	Criation Co		
(a) TOTAL Independent Expenditures			· [
	andidate or authoriz		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
			[M-M] / [5-5] / [5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-
Signature	<del></del>	Date	
Olgitatoro			

### 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

10	N BEHALF OF CANDIDATES FOR FED	ERA	L OFFICE		PAGE 1 OF 1
	(To be used only	by Po	olitical Committees in the Gene	eral Election)	FOR LINE 25 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				
	Indiana Chamber Congressional Actio	n Co	ommittee		
	ordinated expenditures by a political party committee?  YES NO	Full N	Name of Subordinate Committee		
lf `	YES, name the designating committee:	Mailin	ng Address		
		City	<del></del>	Stat	te   ZIP Code
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	Category/
	Mailing Address			Date	Туре
	City State		Zip Code	_MM_ / C	/ *****
	Name of Federal Candidate Supported Office Sough	nt:	House State: Senate District:	Amount	
			Presidential		
	Aggregate General Election Expenditure for this Candidate ▶				
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo Item	Purpose of Expe	Category/
	Mailing Address			Date	Туре
	City State		Zip Code	M M /	, T T T T T T T T T T T T T T T T T T T
	Name of Federal Candidate Supported Office Sough	nt: 🔲	House State: Senate District:	Amount	<del></del>
			Presidential	7-7-7	
	Aggregate General Election Expenditure for this Candidate ▶	, <b>-</b>		****	<del></del>
	Full Name (Last, First, Middle Initial) of Each Payee		☐ Memo (tem	Purpose of Expe	enditure Category/
	Mailing Address		·	Date	Туре
	City State		Zip Code	м т М / О	/ Y Y Y Y Y
	Name of Federal Candidate Supported Office Sough	nt:	House State: Senate District: Presidential	Amount	
_	Aggregate General Election Expenditure for this Candidate ▶		272		472
s	UBTOTAL of Expenditures This Page (optional)		<b>&gt;</b>	453	7
T	OTAL This Period (last page this line number only)			1	

### 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)						
NAME OF COMMITTEE (In Full)						
Indiana Chamber Congressional Action Committee						
LICE ONLY ONE OFOTION A D						
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

PAGE	1	OF	1
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IAME OF COMMITTEE (In Full)						
Indiana Chamber Congressi	onal Action Commit	tee				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT					
Methods of allocation:						
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pr	oportion of				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commifederal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both				
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 IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL 0/	NONCEDERAL 9/				
ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:	<del></del>					
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	<u> </u>				
ACTIVITY OR EVENT IDENTIFIER						
AOTIVITY IO	FEDERAL %	NONFEDERAL %				
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	%	%				
New Revised Same as Previously Reported						

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

PAGE 1 OF 1

	<u> </u>			FOR LINE 108 OF FORIN 3X			
IAME (	OF COMMITTEE (In Full)	sianal Aation Can					
Indiana Chamber Congressional Action Committee							
TNAM	E OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED			
''''	ווייים ביים אוויים ביים ביים ביים ביים ביים ביים ביים	DATE OF THEORY		TOTAL AMOUNT TRANSFERRED			
			1, 2, 2, 2, 1, 1				
			<u> </u>				
BRE	AKDOWN OF TRANSFER RECEIVED		_				
١.,	Tabel Administrative						
')	Total Administrative						
1			1				
ii)	Generic Voter Drive			73			
			_				
l iii)	Exempt Activities	,					
'	·		•				
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)					
	a)	1					
	,		5)° 4'8				
	,						
	p)	<u> </u>	-17				
	c) Total Amount Transferred For Direct Fundra	ising		52 4 52 4 52			
١.,	Direct Candidate Support (List Activity or Ev	ont Idontifior\					
( v)	Direct Candidate Support (List Activity of Ev	ent identilier)					
	•	<del></del>	<del> </del>				
	a)		573.				
			<del>, , , , , , , , , , , , , , , , , , , </del>	·			
	b)			·			
	•	) <u>.</u>	· 2. · · · · · · · · · · · · · · · · · ·				
	c) Total Amount Transferred For Direct Candid	late Sunnort					
	c) lotal Anjount transferred for blieft dandit						
vi)	Public Communications Referring Only to	Party (Made by PAC)		<u> </u>			
	TOTALS FO	R BREAKDOWN OF TR	RANSFER RECEIVED				
				<u> </u>			
TOTAL	This Period (Administrative)						
IOIAL	This renot (Administrative)		<u> </u>				
			, , , , , , , , , , , , , , , , , , ,				
TOTAL	This Period (Generic Voter Drive)			532			
				<del></del>			
TOTAL	This Period (Exempt Activities)			# - 592 # - 412 · #			
TOTAL	This Period (Direct Fundraising)		1 - 7 -				
IUIAL	This Period (Direct Fundraising)		······································	3			
			1				
TOTAL	This Period (Direct Candidate Support)			-572			
			<del> </del>				
TOTAL	This Period (Public Communications Referring	Only to Party)	<u>L.</u>	-3)-			
		¥					
TOTAL	This Period (Total Amount Transferred)						
IOIAL	This Fenou (Total Amount Hansleheu)	***************************************					

# SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCAT

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1	OF	1	
FOR LINE	21a OF	FORM	3X

NA	ME OF COMMITTEE (In Full) Indiana Chamber Congr	essional	Action Co	mmittee <sub>.</sub>	,
Α.	Full Name (Last, First, Middle Initial)		····	☐ Memo Item	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:	1			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				3 4 5
			•	Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
	49-4-49-49-49-49-49-49-49-49-49-49-49-49		7: 1 7:		77 1 17 1 17
В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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:	ı	<u>_</u>		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		<del></del>		
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERA	L SHARE	= TOTAL AMOUNT
		<u> </u>	v v		
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	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:	.1	<u></u>		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		<del></del>		
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			5):		-1): -1: -1: -1: -1: -1: -1: -1: -1: -1: -1
SL	JBTOTAL of Allocated Federal and NonFederal	Activity This	Page	· ·	
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
TC	TAL This Period (last page for each line only)(I	Endoral char	ro to 21(a)(i) an	d NonFodoral obs	73 73 73 53
10	FEDERAL SHARE	euciai silai	NONFEDERAL		TOTAL AMOUNT
	-4)3			4 4 4 4	· · · · · · · · · · · · · · · · · · ·

### 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 1 OF 1 FOR LINE 18b OF FORM 3X
MOUNT TRANSFERRED
1
5'3 <b></b>
AMPAIGN ACTIVITY
415
MOUNT TRANSFERRED
7)2
]
<del>-</del>
««- »
AMPAIGN ACTIVITY
1

ME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
•	M M / O O / Y F Y	
EAKDOWN OF THIS TRANSFER		
<ul> <li>i) Voter Registration</li> <li>Total Amount Transferred for</li> </ul>	<del></del>	REGISTRATION
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	GOTV
iii) GOTV  Total Amount Transferred for the state of the	GOTV	, , , , , , , , , , , , , , , , , , , ,
iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
ME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
EAKDOWN OF THIS TRANSFER		
i) Voter Registration  Total Amount Transferred for		REGISTRATION
ii) Voter ID  Total Amount Transferred for		VOTER ID
iii) GOTV	VOICE 10	GOTV
Total Amount Transferred for	GOTV	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	
TOTALS FOR	R BREAKDOWN OF TRANSFER REC	EIVED (Last Page Only)
TOTAL This Period (Voter Registration	on)	
TOTAL This Period (Voter ID)		-72
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campai	gn Activity)	

# 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	1		OF	1	
FOR LI	NE	30a	OF	FORM	3>

"

IAME OF COMMITTEE #: F "		<del></del>	<u> </u>	1
IAME OF COMMITTEE (In Full)				•••
Indiana C	namber (	Congressional A	Action Comm	
A. Full Name (Last, First, Middle Ini	tial) / Full Org	anization Name	☐ Memo Item	
				Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address	Aailing Address			Allocated Activity or Event Year-To-Date
City	State	Zip Code		
	Sidie	_ip Sode		
Purpose of Disbursement	Purpose of Disbursement			Date Date
FEDERAL SHARE	+	LEVIN	Type SHARE	= TOTAL AMOUNT
			<del></del>	
			7)2 2 22	
B. Full Name (Last, First, Middle Ini	tial) / Full Org	anization Name	☐ Memo Item	
	_			Voter Registration GOTV
				U Voter ID Generic Campaign
Mailing Address		1 4	-	Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			لـــا	M = M   /
i arbase or Dispursement			Category/ Type	Date
FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
	<del></del> -		<del></del>	
	<del>7</del> 75	<u> </u>	7	
C. Full Name (Last, First, Middle Ini	tial) / Full Ord	anization Name	☐ Memo Item	1
				Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
	<u></u>		·	_ <del></del>
City	State	Zip Code		4)
Purpose of Disbursement	<u> </u>		الـــا	
, urpose or Dispursement			Category/ Type	Date
FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
	<del></del>		<del></del>	
	الحد	5)3	5)5	
	in Activity This	s Page		
FEDERAL SHARE	+	J	SHARE	= TOTAL AMOUNT
TOTAL TOTAL TOTAL	Bac in the second	<u> </u>	73	20(4)(5)
TOTAL This Period (last page for each FEDERAL SHARE	iine only)(Fed	erai share to 30(a)(i)	and Levin share to	o 30(a)(ii))  TOTAL AMOUNT
FEUERAL STATE				TOTAL AMOUNT
773-1-1-373-1-1-1	5*2	LEVIN	SHARE	
OTAL This Period for the Levin Share				7
			- TO	FEC Schodule He /Form 2V Doy 05/0010
				FEC Schedule H6 (Form 3X) Rev. 05/2016

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

NAM	NAME OF COMMITTEE (In Full)						
		amber Congressional Action Com	nmittee				
NAM	E OF ACCOUNT		·				
L		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	27 1 27 1 40	77: 4 - 27: 4 - 27:				
	(b) Unitemized		-7/2				
	(c) Total	13 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
2.	OTHER RECEIPTS						
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	413	275				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	·	() ()				
	(b) Voter ID		7); 4 - 2,13 - 4 - 2,13				
	(c) GOTV	- 492	72 22				
	(d) Generic Campaign	4) 40	7); 4); 40				
	(e) Total		- Ty				
5.	OTHER DISBURSEMENTS	77 - 77 - 72					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	4)5 425	7)2				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		7)5				
8.	RECEIPTS(from Line 3)	72 72	3); 322				
9.	SUBTOTAL(Add Lines 7 and 8)	77 1 1 77 1 1 22	75-1-1-12				
10.	DISBURSEMENTS		5) <u>2</u>				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)						
			·				

# SCHEDULE L-A (FEC Form 3X)

PAGE 1 OF Use separate schedule(s)

ITE	EMIZED RECEIPTS OF LEVIN FUNDS	; 	for each category of the Aggregation Page	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.							
$\rangle$	NAME OF COMMITTEE (In Full)  Indiana Chamber Congressional Action Committee						
A.	Full Name of Individual (Last, First, Middle Initial) or Full C	tion Name  Memo Item	Date of Receipt				
	Mailing Address		Amount of Each Receipt this Period				
	City	State	. Zip Code	(2) (4) (4)			
	Name of Employer (for Individual)	<u>.</u>		Aggregate Year-to-Date			
	Occupation (for Individual) -						
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	tion Name	Date of Receipt				
	Mailing Address	1		Amount of Each Receipt this Period			
	City	State	Zip Code	42 42			
	Name of Employer (for Individual)	Aggregate Year-to-Date					
	Occupation (for Individual)	493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 493 4 4					
C.	Full Name of Individual (Last, First, Middle Initial) or Full C	tion Name   Memo Item	Date of Receipt				
	Mailing Address		Amount of Each Receipt this Period				
	City	State	Zip Code	42 42 42			
	Name of Employer (for Individual)		Aggregate Year-to-Date				
	Occupation (for Individual)	75 475 475					
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				
	Name of Employer (for Individual)		Aggregate Year-to-Date				
	Occupation (for Individual)	452 452 422					
SUBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number only)		·····	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

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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	: PA	GE 1	OF 1
(check only one)	4a	4c	5
	_ 4b	4d	

OF LEVIN FUNDS		Aggregation Page	4b 4d	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	y not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Indiana Chamber C	Congressiona	I Action Committee		
Full Name (Last, First, Middle Initial) / Fu	II Organization Na	Date of Disbursement		
	Mam / Dad / Yayayay			
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement	452 4 452 4 452			
Full Name (Last, First, Middle Initial) / Fu	Full Name (Last, First, Middle Initial) / Full Organization Name			
3.	•			
Mailing Address	Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Name			8.4.48.1	
•			Date of Disbursement	
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement	7-1-12-12-12-12-12-12-12-12-12-12-12-12-1			
_	Full Name (Last, First, Middle Initial) / Full Organization Name			
).	Date of Disbursement			
Mailing Address				
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Fu	Date of Disbursement			
Mailing Address -	M M /, D D / V V V V V			
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			432	
CULTOTAL - ( Disharan and This 5 )	ations D		<del> </del>	
SUBTOTAL of Disbursements This Page (o	ptional)	<b>&gt;</b>		
TOTAL This Period (last page this line num	nber only)			

V. Washington St. | Suite 850S | Indianapolis, IN 46204

tedin Election Commission, 1050 First Street, NE Washington, N 20463

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USPS Priority Mail		Postmarked		
USPS Priority Mail Expre	ess	Postmarked		
Postmark Illegible				
No Postmark				
Overnight Delivery Service	ce (Specify):	Shipping Date		
		Next Business Day Delivery		
Received from House Re	ecords & Registra	Date of Receipt tion Office		
Received from Senate Po	ublic Records Off	Date of Receipt ice		
Received from Electronic	Filing Office	Date of Receipt		
Other (Specify):	ł	Date of Receipt or Postmarked		
		10/27/20		
PŘEPARER	·	DATE PREPARED		

PREPARER (3/2015)