

Memo

To: Alexandra T. Broomhead

From: Kelby Hicks

Manager of Political Fundraising

Indiana Chamber Congressional Action Committee

Date: July 8, 2010

April Quarterly Report (1.1.2010-3.31.2010) Amended Re:

In response to our phone call on July 7, 2010, I have included our amended. April Quarterly Report (1.1.2010-3.31.2010) to correct the calculations on Line 6(d).

The Indiana Chamber Congressional Action Committee's identification number is C00405597.

Please contact me with any further questions you may have. I can be reached at (317) 264.7538.

Thank you.

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2010 JUL 12 AM 10: 45

					Offic	e Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If to over the line	yping, type	12FE4M5	
Ш.	NOLANA C	HAMBER	CONGRES	SLONAL	ACTIO	Numer
<u>C</u> (DMMITTEE					
ADE	ORESS (number and street)		TI WASHIN	NGTIDIN	11111	<u> </u>
	Check if different than previously reported. (ACC)	SUITE S LUDLANA		1	INI AU	20AI-LI
2.	FEC IDENTIFICATION N		CITY A		STATE A	ZIP CODE A
	<u> </u>	97	3. IS THIS REPORT	NEW (N) OR	AMEND (A)	ED
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (N	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (N	[-]
	April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M	110)
	Quarterly Report (Q1) (c) 12-Day PRE-Electi	Primary	(12P)	General (12G)	Runoff (12R)
	Quarterly Report (Q2) Report for	(i=1)	on (12C)	Special (12S)	
	Quarterly Report (January 31 Year-End Report (Election on	/ []	<u> </u>	in the State of
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Elec	. <u></u> ;	(30G)	Runoff (30R)	Special (30S)
	Termination Repor	Report for	Election on	ا رقوا ا		in the State of
5.	Covering Period	7 61 2	<u> </u>	n 03	'Bi 'B	010
	ertify that I have examined to be or Print Name of Treasur	er Dakla Ba	renett	nd belief it is tru	e, correct and con	nplete.
Sigr	nature of Treasurer	Dare	Darett	D	ate 67	07 2818
NOT	TE: Submission of false, error	neous, or incomplete info	rmation may subject the	person signing th	nis Report to the pe	nalties of 2 U.S.C. §437g.
]	Office Use Only				F	EC FORM 3X Rev. 12/2004
_	_ ~,		1 1	1		

10030362913

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Indiana Chamber Co	ingressional Action (Committee
Report Covering the Period: From:	701/2010	· 03 3 1 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 720,09		6,156-74
(b) Cash on Hand at Beginning of Reporting Period	6_156_74	
(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)	6,156.74	[b_15674
7. Total Disbursements (from Line 31)	0	<u> </u>
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	L., 6,156,14	6,156.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>Ö</u>	
This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)	
	For further information contact:	· · · · · · · · · · · · · · · · · · ·
	Federal Election Commission	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

10030362914

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
Indiana Chamber Con	MRISSIANAL ACTION CAR	nmille
	TIME OF THE OF T	
Report Covering the Period: From: \Box	$O = (2010) \qquad \text{To}$	3 3 2010
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	A	
(i) Itemized (use Schedule A)		<u> </u>
(ii) Uniterrined		
(ii) Unitemized(iii) TOTAL (add		<u> </u>
Lines 11(a)(i) and (ii)		
Lines Tr(a)(i) and (ii)		
(b) Political Party Committees	0	
(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)▶	<u></u>	
12. Transfers From Affiliated/Other		
Party Committees		L
13. All Loans Received	L	
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		<u>Lanamana</u>
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0	
18. Transfers from Non-Federal and Levin Fund	ds Control of the con	
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
	The state of the s	Language of Page 1997 Annual A
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		[
- i of the tel tel the man refellement		
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶		0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tris Period	Calendar Year-to-Date
	(i) Federal Share		0
	(ii) Non-Federal Share	\overline{O}	0
	(b) Other Federal Operating Expenditures	0	0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		<u> </u>
23.	Contributions to		<u> </u>
	Federal Candidates/Committees and Other Political Committees	0	<u></u>
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26.	Loan Repayments Made		
27	Loans Made	\bigcirc	Ö
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(h) Deliking Desk Oppositions	[Note that the second	
	(b) Political Party Committees		
	(such as PACs)		
	(d) Total Contribution Defunds		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0	
	(444 21105 20(4), (5), 416 (5),		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		0
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	<u>Q</u>	
	(c) Total Federal Election Activity (add	<u></u>	[
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	<u> </u>	
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
22	Total Federal Disbursements		
JZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	Ŏ	O
	·		<u></u>

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	[5]	
4. Total Contribution Refunds (from Line 28(d))		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		0
17. Offsets to Operating Expenditures (from Line 15, page 3)		0
8. Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11c 12 **Detailed Summary Page** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt

City	State Zip Code	None i bersed lenner etadi
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	
FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
	>	
IOIAL This Period (last page this line number	er only)	in the second of

OC:

SCHEDULE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE		PAGE	OF.	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)		26	
l	Detailed Summary Page	27	28a 28b	28c 29	30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used a and address of any political	by any perso	on for the purpose of solicit contributions	of soliciting contrib	outions ittee.	
NAME OF COMMITTEE (In Full)	ponuedi				. 3-	
Indiana Chamber (Jonaressi ma	al Ac	tion Can	pmi lle	_	
Full Name (Last, First, Middle Initial)	<u> </u>					
A.		j	Date of Disburse		Taber	
Mailing Address				/ V - V - V	16	
City	State Zip Code				····	
Purpose of Disbursement	ĪĪ	=;;	Amount of Each	Disbursement this	3 Period	
Candidate Name		Category/ Type	7-7			
Office Sought: House Disbursem		.,,,,	. <u></u>		_:=::::::::::::::::::::::::::::::::::::	
	Primary ☐ General Other (specify) ▼					
State: District:	·				 _	
Full Name (Last, First, Middle Initial) B.			Date of Disburse			
Mailing Address			(M.O.M.)	<u> </u>		
City	State Zip Code					
Purpose of Disbursement			Amount of Each	Disbursement this	s Period	
Candidate Name		Category/ Type	<u> </u>			
Office Sought: House Disburserr	nent For: Primary General				- 	
	Other (specify)	.]				
Full Name (Last, First, Middle Initial)						
C			Date of Disburse			
Mailing Address						
	State Zip Code					
Purpose of Disbursement			Amount of Each	Disbursement this	s Period	
Candidate Name		Category/ Type	·	;	j	
	Primary General			- 	لة ١٣٠٠ عمر	
State: President State:	Other (specify) ▼					
				در دیستان دید اگذیب که سعوالمحد	- 1222	
SUBTOTAL of Disbursements This Page (optional)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<u></u>	
TOTAL This Period (last page this line number only).	TOTAL This Period (last page this line number only)					

SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedu for each category of Detailed Summary Pa	the		
IAME OF COMMITTEE (In Full)		<u> </u>			
Indiana Chamber Con	Mrcssion:	al Action	Committee		
LOAN SOURCE Full Name (Last, First, Middle	i Ritlal)		Election: Primary General		
Mailing Address			Other (specify) ▼		
City St	ate ZIP Co	de			
1 =	Cumulative Payment To		alance Outstanding at Close of This Period		
1 1					
TERMS Date Incurred	Date Due	Interest R	late Secured:		
	* / For or / v				
List All Endorsers or Guarantors (if any) to L	oan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Guaranteed	~		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·		
City State	ZIP Code	Amount Guaranteed Outstanding:	<u></u>		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	~		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Guaranteed	nga ng mugaang managan banang ang ang mga ang mga ganang mga ang mga gang di		
SUBTOTALS This Period This Page (optional)		•			
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to I INE 3 School	rry outstanding balance only to I INF 3. Schedule D. for this line, if no Schedule D. carry forward to appropriate line of Summary				

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
Indiana Chamber	the time space law, the later is to be seen		
	C 00405597		
Lending institution (LENDER)			
Full Name	Amount of Loan	Interest Rate (APR)	
Tour vaine	l i	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	Periodicate for the tensor is	. m. n. } <u> </u>	
Mailing Address			
	Date Incurred or Established		
	4		
City State Zip Code	Date Due	التحصيصا ليحصل	
			
A. Has loan been restructured? No Yes	If yes, date originally incurred		
B. If line of credit,	Total		
Amount of this Draw:	Balance:	ii	
7. 100 to 10 5 700.	<u> </u>	<u> </u>	
C. Are other parties secondarily liable for the debt incurre			
No Yes (Endorsers and guarantors mu	ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the		What is the value of this collateral?	
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other			
No Yes If yes, specify:		السنانيون بدائد بالمسالة بسائدة المسائد المسائد	
Does the lender have a perfected securi			
		interest in it? No Yes	
E. Are any future contributions or future receipts of interes	· -	What is the estimated value?	
collateral for the loan? No Yes If yes, s	specify:		
		<u> </u>	
A depository account must be established pursuant Location of account:			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).			
Date account established:	Address:		
CALCALL VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW			
	City, State, Zip:		
	City, State, Zip.		
F. If neither of the types of collateral described above wa	as pledged for this loan, or if the	amount pledged does not equal or exceed	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the	amount pledged does not equal or exceed ich it assures repayment.	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the	amount pledged does not equal or exceed ich it assures repayment.	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the	amount pledged does not equal or exceed ich it assures repayment.	
the loan amount, state the basis upon which this loan	as pledged for this loan, or if the	DATE	
the loan amount, state the basis upon which this loan G. COMMITTEE TREASURER	as pledged for this loan, or if the	ich it assures repayment.	
G. COMMITTEE TREASURER Typed Name Signature	as pledged for this loan, or if the	DATE	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement.	as pledged for this loan, or if the	DATE	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION:	as pledged for this loan, or if the was made and the basis on wh	DATE DATE	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above.	as pledged for this loan, or if the was made and the basis on when the basis on whether the basis of the loan and other information.	DATE DATE THOM: THOM	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in	as pledged for this loan, or if the was made and the basis on when when we have a second the basis on when we have a second the loan and other informations of the loan and other informations interest rate) no more far	DATE DATE THOM: THOM	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	erms of the loan and other informaticulating interest rate) no more fat f comparable credit worthiness.	DATE DATE Attion regarding the extension of the loan worable at the time than those imposed for the which assures repayment, and has	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	erms of the loan and other informaticulating interest rate) no more fat f comparable credit worthiness.	DATE DATE Attion regarding the extension of the loan worable at the time than those imposed for the which assures repayment, and has	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 CAUTHORIZED REPRESENTATIVE	erms of the loan and other informaticulating interest rate) no more fat f comparable credit worthiness.	DATE DATE Attion regarding the extension of the loan worable at the time than those imposed for the which assures repayment, and has	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 CAUTHORIZED REPRESENTATIVE Typed Name	erms of the loan and other information interest rate) no more far f comparable credit worthiness. a loan must be made on a basis CFR 100.82 and 100.142 in making	DATE The station regarding the extension of the loan vorable at the time than those imposed for the which assures repayment, and has no this loan.	
G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 CAUTHORIZED REPRESENTATIVE Typed Name	erms of the loan and other informaticulating interest rate) no more fat f comparable credit worthiness.	DATE	

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

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

Excluding Loans		numbered line)	(Check Only One)	10
NAME OF COMMITTEE (In Full)				:
Indiana Chamber On	maressional Acti	on Con	nmittee	
A. Full Name (Last, First, Middle Initial) of Debto	or bu Creditor		Debt (Purpose):	
}				
Malling Address				·
Mailing Address		İ		
City State	Zip Code			
				·
Outstanding Balance Beginning This Period				
(
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close	of This Beriod
Yangan megaca 1419 1 9199	Taymon Time 1 Globa		V V V V	
<u> </u>	<u> </u>	<u></u>	<u> </u>	
B. Full Name (Last, First, Middle Initial) of Debto	or Creditor	Nature of	Debt (Purpose):	· · · · · ·
, , , , , , , , , , , , , , , , , , , ,			(F)	
<u></u>				
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Land Invest The Board	Course A This Boded	0.44	dian Dalance et Oler	4 This Desired
Amount Incurred This Period	Payment This Period		ding Balance at Clos	
	! ! <u>!</u>		<u> </u>	
C. Full Name (Last, First, Middle Initial) of Debte	or Creditor	Nature of	Debt (Purpose):	
(223) · 100, 11100 · 11100, 01 2020		11444	, Lipoto).	
<u> </u>	- <u></u>			
Mailing Address		1		
City	State Zip Code			
Outstanding Balance Beginning This Period				
	On what This Build	Outstan	dia - Dalamaa at Olaa	at This Bastad
Amount Incurred This Period	Payment This Period		ding Balance at Clos	a of This Period
		<u></u>	<u>~_~~~~~~~</u>	
	 			
1) SUBTOTALS This Period This Page (optional)		▶ [
2) TOTALS This Period (last page this line number	only)	▶ <u> </u>	<u></u>	<u></u>
2) TOTAL OUTSTANDING LOANS from Colorada	C (last page calls)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last hage only)		· <u>^7</u>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	ily) ▶	<u></u>	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	Action	FEC IDENTIFICATION NUMBER ▼
ndiana Chamber Congressional	Committe	C 00405597
Check if 24-hour notice 48-hour notice		<u> </u>
Full Name (Last, First, Middle Initial) of Payee	-	Date
		المحيد محيداً / المحيوا / المحيد
Malling Address		
	 -	Amount
City State Zip	Code	
Purpose of Expenditure Category	ory/ Offi	ce Sought: House State:
T	ype [Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		President ———
	Che	eck One: Support Oppose
Calendar Year-To-Date Per Election	Dis	bursement For: Primary General
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
		[M.M.] \ [Lo.ro] \ [Lo.ro]
Mailing Address		
		Amount
City State Zip	Code	
Purpose of Expenditure Categ	ון יעוט	ice Sought: House State:
	ype	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election	Company Dis	bursement For: Primary General
for Office Sought	<u></u>	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(a) TOTAL Independent Funerality		أب محين
(c) TOTAL Independent Expenditures	•	
		
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Date	
Signature		
		

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDEI (2 U.S.C. §441a(d))	RAL OFFICE		PAGE	OF
(To be used only by	Political Committees in the Ge	neral Election)	FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)			1.1	•
Indiana Chamber Con	rakessional Ac	tion Cou	<u>nmille</u>	e
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	ull where of Subordinate Committee	9		
If YES, name the designating committee:	lailing Address			
C	ity	Ste	ite ZIP	Code
		Purpose of Exp	enditure	 :
Full Name (Last, First, Middle Initial) of Each Payee			Silaitare	Category/
Mailing Address		Date		Туре
City State	Zip Code	┥	<u> </u>	<u> </u>
Name of Federal Candidate Supported Office Sought:	F-1 1	Amount		
	Senate District:	. <u> </u>		
Aggregate General Election Expenditure for this Candidate	~		<u></u>	<u></u>
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure	السيسيا
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Mailing Address				Category/ Type
City State	Zip Code	Date /	مداً ، المدو	**************************************
Name of Federal Candidate Supported Office Sought:	House State:	Amount		
]	Senate District:	.		
Aggregate General Election	<u> </u>	- L	<u>_^</u>	<u></u>
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Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure	[
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Mailing Address		Date		Туре
City State	Zip Code		<u>, (a.e</u>	
Name of Federal Candidate Supported Office Sought:	House State:	Amount		
	Presidential			
Aggregate General Election				الجود ــــــــــــــــــــــــــــــــــــ
Expenditure for this Candidate				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)	•			

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 Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal %
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

L(I)

SCHEDULE H2	(FEC Form	3X
ALLOCATION R	ATIOS	
NAME OF COMMITTEE	5 4- 5 M	

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Indiana Chamber Congressional Ad	tion Committe	a
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received metre expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commended and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal candi- nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL.%
Fundraising Direct Candidate Support	<u> </u>	<u></u> %
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	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	
CHECK IF THE RATIO IS:	76	<u>[</u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		العهدات عاديا
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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L Fundraising L Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>	<u></u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	الصيديد مصاعبا	انصور مدرست المرابع
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>	<u></u> %

Same as Previously Reported

New

Revised

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

PAGE		OF			
FOR L	INF	18a	OF	FORM	3X

AME OF COMMITTEE (In Full)		
ndiana Chamber Onor	ressional Action	Commille
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF TRANSFER RECEIVED		grangengergergergen greicht gewon wegenig
i) Total Administrative		
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ii) Generic Voter Drive		<u>Laurana arang arang d</u>
III) Evenue Activities		,
iii) Exempt Activities		<u> </u>
iv) Direct Fundraising (List Activity or Event Idea	ntifier)	
a)	garge eganga agambarga egangana. N	
) a)	1	·]
b)		
	<u></u>	
c) Total Amount Transferred For Direct Fundra	ising	<u> </u>
v) Direct Candidate Support (List Activity or Ev	ent Identifier)	
		
a)		
<u> </u>	[
b)	<u> </u>	<u></u>
c) Total Amount Transferred For Direct Candid	late Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS FO	R BREAKDOWN OF TRANSFER RE	CEIVED
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TOTAL This Period (Administrative)		<u> </u>
TOTAL This Perlod (Generic Voter Drive)		
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TOTAL This Period (Exempt Activities)	<u></u>	-00
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TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)	ĺ	many many many many many many many many
TOTAL THIS FERIOU (DIRECT CARRIGAGE SUPPORT)	i.	
TOTAL This Period (Public Communications Referring	Only to Party)	- 11
_		han anasaranan masari
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	21a OF	FORM 3Y

A. Full Name (Lest, First, Middle Initial) A. Full Name (Lest, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Mailing Address City State Allocated Activity or Event Very Torive Date TOTAL AMOUNT FEDERAL SHARE FUNdraising State Zip Code Allocated Activity or Event Very Torive Date TOTAL AMOUNT Administrative Fundraising Exempt Address City State Zip Code Allocated Activity or Event Administrative Fundraising Exempt Administrative Fundraising Exempt Activity or Event Identifier: Category/ Type Date FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE NONFEDERAL SHARE FEDERAL SHARE FOTAL AMOUNT Administrative Fundraising Administrative Fundraising Exempt FEDERAL SHARE FOTAL AMOUNT FEDERAL SHARE FEDERAL SHARE FOTAL AMOUNT FEDERAL SHARE FEDERAL SHARE FOTAL AMOUNT FEDERAL SHARE FEDERAL SHARE FOTAL AMOUNT	NIA	ME OF COMMITTEE (In Full)		JI ON LINE ETA OF FOTHER OX
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Mailing Address City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT B. Full Name (Last, First, Middle Initial) Allocated Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT FEDERAL SHARE	ᅶ		PION CON	
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Activity or Event Identifier: Category/ Type				
Category/Type Date		Purpose of Disbursement:	j samarij	Allocated Activity of Event 1641-10-Date
Category/ Type Date TOTAL AMOUNT		Activity or Event Identifier:	(i - s. e.d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Mailing Address	<u>—</u> . В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Total AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Woter Drive Direct Candidate Support Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Date Total AMOUNT Administrative Fundraising Exempt Voter Drive Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Total AMOUNT				Administrative Fundraising Exempt
Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE		Mailing Address		Voter Drive Direct Candidate Support
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Activity or Event Identifier: Category/ Type Date FEDERAL SHARE		Purpose of Disbursement:		
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FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		· · · · · · · · · · · · · · · · ·		
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TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))	TO			
FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT				
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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)

PAG	E		OF		
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NAME OF CO	MMITTEE (In Full)				
Indian	na Chamber Co	naressional	Action (ommittee	
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	Total Amount Transferred for Voter	(D	<u> </u>	<u></u>	
				GOTV	
111)	GOTV		7		
1	Total Amount Transferred for GOT	V	<u>!</u>	<u> </u>	
lvi	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY	
,	Total Amount Transferred for Gene	ric Campaign Activity			
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NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED	
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BREAKDOV	VN OF THIS TRANSFER				
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	Total Amount Transferred for Voter	Registration			
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ii)	Voter ID		<u></u>		
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iv)	Generic Campaign Activity		r=	GENERIC CAMPAIGN ACTIVITY	
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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)

1	PAGE		OF		_
ı	FOR LINE	302	ΩF	FORM	3 Y

A. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration GOT Voter ID Generic Committee
A. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration GOT
Voter Registration GOT
Voter ID Generic Cam
Allocated Activity or Front Very To Date
Mailing Address Allocated Activity or Event Year-To-Date
City State Zip Code
Purpose of Disbursement Category/ Date
Type Type
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
B. Full Name (Last. First. Middle Initial) / Full Organization Name Type of Allocated Activity or Event:
B. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event: Voter Registration GOT
Voter ID Generic Cam
Allowed Arthur of Frank More To Both
Mailing Address Allocated Activity or Event Year-To-Date
City State Zip Code
City State Zip Code
Purpose of Disbursement Category/ Date
Type Date
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Type of Allocated Activity or Event:
Voter Registration GOT Voter ID Generic Cam
Mailing Address Allocated Activity or Event Year-To-Date
City State Zip Code
Purpose of Disbursement Cotocour
Category/ Type Date
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
<u> </u>
SUBTOTAL of Shared Federal and Levin Activity This Page
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
TOTAL The Reday (feet years for each line are (Cody)) and Louis character (20(2)(iii))
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE TOTAL AMOUNT
LEVIN SHARE
TOTAL This Period for the Levin Share
FEGAN026 FEC Schedule H6 (Form 3X) Rev. 0

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)			
Indiana Chamber Congressional Action Committee			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS	्री समाजनकार कार्य एक एक सम्बन्धित हुन्	
	(a) Itemized(Use Schedule L-A)	. <u></u>	<u>Lancaran</u> perunakan
	(b) Unitemized		
	(c) Total	<u> </u>	<u> </u>
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6. 	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	·	
7 .	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		
	·		
9.	SUBTOTAL(Add Lines 7 and 8)		<u> </u>
10.	DISBURSEMENTS(From Line 6)		
	1		
11.	(Subtract Line 10 From Line 8)	<u>L</u>	

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

Use separate schedule(s)

1a	2

OF

PAGE

for each category of the FOR LINE NUMBER: **Aggregation Page** (check only one) 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) Committee Chamber Congressional Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period Zip Code City State Carlo a dinastranziana antarian atariat u**st**a antan Penderation Continued in Cartesian Continued in Continued in Cartesian Continued in Cartesian Continued in Cartesian Cartesian Continued in Cartesian Name of Employer or Principal Place of Business Aggregate Year-to-Date and the statement of th Occupation . (1) Le (1) Le (2) - (2) - (2) Le (3) Le (1) Le (4) Le Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. D ~ D . Mailing Address Amount of Each Receipt this Period Zip Code City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt **Mailing Address** Amount of Each Receipt this Period Zip Code City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. **Mailing Address** Amount of Each Receipt this Period City State Zip Code وريعي والمنظوم والمرابط والمنافي Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation

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

Use separate schedule(s)

FOR LINE NUMB	NUMBER: PAGE OF by one) 4a 4c 5		
(check only one)	4a 4b	4c	5

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and		
Indiana Chamber Congress	sional Agion Con	amittee :
Full Name (Last, First, Middle Initial) / Full Organization N.A.	lame	Date of Disbursement
Mailing Address		WWW / FORD / VVVVVV
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization N.B.	ame	Date of Disbursement
Mailing Address		(O A A A A A A A A A A A A A A A A A A
City State	Zip Code	Amount of Each Disbursement this Period
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City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
·	amo	
Full Name (Last, First, Middle Initial) / Full Organization ND.	ea i i c	Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
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E. Cast, First, Middle Initial) / Full Organization N	valin.	Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	>	
TOTAL This Period (last page this line number only)		<u> </u>

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING Dead the FEC added this page to the end of this filing to indicate how	w it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fをd をより	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Just 1	7/12/10
(3/2005)	DATE PREPARED