NONT: ON: ON: ON: OOMBORTS

FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2021 FEB -4 AM 11: 59

FEC FORM 3X

Rev. 05/2016

1.	NAME C	OF TEE (in full)	TYPE OR PRINT	•	Example: If ty		12FE4N	15		
	νρι <mark>ΑΝ</mark>	A CHAMBER (CONGRESS	ONAL ACT	ІРИ СОМ	MITTEE,	<u>.l.l.l.</u>	1 1 1 1		
Ш	1 1 1	1 1 1 1 1	<u> </u>			1111	1 1 1 1	<u> </u>		
ADI	ORESS (r	number and street)	115 WEST	WASHING	TON STR	EET, SUIT	E 850S,	1 1 1 1		
V	. `	eck if different		11111		1 1 1 1 1		1111		
<u>L</u>	thar	previously orted. (ACC)	INDIANAP	OLIS			LIŅ J	46204	ا-لــــــ	لىبىا
2.	FEC ID	ENTIFICATION NU	MBER ▼	CITY A			STATE A		ZIP COD)E ▲
	Co)405597		3. IS THI REPO		NEW (N) OR		MENDED A)		
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep	p 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	П	April 15		Apr 20 (<i>1</i> 4)	Jul 20 (M7)	Oc	t 20 (M10)		Jan 31 (YE)
	П	Quarterly Report (Q July 15	(c) 12-Da	y Election	Primary (12P)	Genera	(12G)		Runoff (12R)
•	П	October 15	2) Repor	t for the:	Convention	on (12C)	Special	(12S)		
	A	Quarterly Report (Q: January 31 Year-End Report (YI		Election on	MIN	/ 6 6 /	, Y		in the State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Da	y -Election I	General (30G)	Runoff	(30R)		Special (30S)
		Termination Report (TER)	Перог	Election on	й•м	/ D D /	V B V B V B]	in the State of	
5.	Covering	Period 11	24 7	2020	throug	h 12	′ 31°	² 020	Ŷ	
		I have examined thi	\ ((the best of my l	nowledge ar	nd belief it is tru	ue, correct a	nd complete	э. ,	
Sigr	nature of	Treasurer .	1 Bins				Date O	M / P/	ړ ' [2021
NO	TE: Submi	ission of false, errone	ous, or incomplete	information may	subject the p	person signing t	his Report to	the penaltie	s of 52 l	U.S.C. § 30109.

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Report Covering the Period: From:	11 24 2020 To: 12	31 2020
••	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		., 1,1,656,90
(b) Cash on Hand at Beginning of Reporting Period	9,136.90	• ,
(c) Total Receipts (from Line 19)	, , , , , O	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)	0.	2,520.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9,136.90	<u>"</u> 9,136 <u>.9</u> 0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
-4	Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	<i>:</i>
•	Toll Free 800-424-9530	

Local 202-694-1100

SORT ON OW OW OWNER

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name 24 2020 2020 31 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 0 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))... 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

	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)	Total Tills Pellou	Calendar Tear-to-Date
	(i) Federal Share	0	0
	(ii) Non-Federal Share	0	.0
	(b) Other Federal Operating Expenditures	0	20.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0	20.00
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	2,500.00
24.	Independent Expenditures		7 7
	(use Schedule E)		0
20.	Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
	·		
26.	Loan Repayments Made	0	45-145-145-145-145-145-145-145-145-145-1
27.	Loans Made	0	0
28.	Refunds of Contributions To: (a) Individuals/Persons Other	49 49 4	
	Than Political Committees	0	0
	(b) Political Party Committees		
	(c) Other Political Committees	- U	
	(such as PACs)	0	0
	(d) Total Contribution Refunds		773
	(add Lines 28(a), (b), and (c))	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	0	0
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid	0	<u> </u>
	Entirely With Federal Funds	0	0
	(c) Total Federal Election Activity (add		23 4 23 4 23
	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))	.0	2,520,00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0	2,520.00
	L		73

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Rev. 05/2016)	or biobardomana	Page 5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	272 0	72 73 62 0
34.	Total Contribution Refunds (from Line 28(d))	0	0
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7 0	<u> </u>
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0	0
37.	Offsets to Operating Expenditures		
38.	(from Line 15, page 3) Net Operating Expenditures		U
	(subtract Line 37 from Line 36)	0	0

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	}	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)				
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16				
	y information copied from such Reports and Statemen for commercial purposes, other than using the name a							
igwedge	NAME OF COMMITTEE (In Full) Indiana Chamber Congressional	Acti	on Committee					
	Full Name of Individual (Last, First, Middle Initial) or F			T				
A.	Mailing Address			Date o	f Receipt	, ,	Ť	
	City	te	Zip Code	. Amoun	t of Each R	eceipt this Perio	 d	
	FEC ID number of contributing federal political committee.				43	49	u s	
	Name of Employer (for Individual)	Оссь	upation (for Individual)	 	lemo Item			
	Receipt For: Primary General Other (specify) ▼	egate	Year-to-Date ▼					
В.	Full Name of Individual (Last, First, Middle Initial) or F	Full O	rganization Name	Date o	f Receipt			
	Mailing Address City Stat	te.	Zip Code		/ 0.0	, , , , ,	Ŷ	
				Amoun	t of Each Re	eceipt this Perio	d	
	FEC ID number of contributing federal political committee.				37-	4-475-4-4-4	42	
	Name of Employer (for Individual)	Occi	upation (for Individual)	ไ ⊔∾	lemo Item	•		
	Receipt For: Primary General	egate	Year-to-Date ▼					
	Other (specify) ▼		<u> </u>			•		
C.	Full Name of Individual (Last, First, Middle Initial) or F	Full O	rganization Name	Date o	f Receipt			
	Mailing Address			M] / []	/ ****		
	City	te	Zip Code	Amoun	t of Each Re	eceipt this Perio	d	
	FEC ID number of contributing federal political committee.					- N	,	
	Name of Employer (for Individual)	Occi	pation (for Individual)	│ ╽ ╵	lemo Item			
	Receipt For: Primary General Other (specify) Aggre	egate	Year-to-Date ▼					
s	UBTOTAL of Receipts This Page (optional)		→			A		
Т	OTAL This Period (last page this line number only)		·····		4):	4(751111111111111		

SCHEDULE B (FEC Form 3X)

		Use sepa	rate schedule(s)				NUMBER:			Ĺ	PAGE		JF I
ΙΤΊ	EMIZED DISBURSEMENTS	for each o	Detailed Summary Page I L			21b 28a	one) 22 28b	А	23 28c	29		27 30b	
An	ny information copied from such Reports and Staten for commercial purposes, other than using the name	nents may n	not be sold or used	d by	any nmit	person	n for the	purp ntrib	ose o	of solic	iting c	ontribu	tions ee.
Ü	NAME OF COMMITTEE (In Full)												.,,
$ \rangle$	Indiana Chamber Congressional	Action (Committee							-			
_	Full Name (Last, First, Middle Initial)						D-1	·					
Α.							Date of	i Dis	ourse	ment	7 -	7 . .	
	Mailing Address]			<u>L</u>		
	City	State	Zip Code				FEC Id	entif	ication	n Num	ber		
Purpose of Disbursement											_		
	Candidate Name				egor	y /	Amount	l of	Each	Disbur	seme	nt this	Period
	Office Sought: House Disburser				700	-					۔۔۔۔	 	
	Senate President	Primary Other (spec	☐ General				Π.						_
	State: District:	(-p-)				\perp	LI Me	mo	item				
В.	Full Name (Last, First, Middle Initial)						Date of	f Dis	burse	ment			
	Mailing Address	······································				\dashv	М]′	ů	° /	Y	γ- 11 -7-1	
	City	State	Zip Code			$\neg \dagger$	FEC Ide	entif	ication	ı Num	ber		
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		_	-	С					7	
	Candidate Name	Category/ Amount of Each Disburser					seme	nt this	Period				
	Office Sought: House Disburser	nent For:			уре						_		
	Senate	Primary	· 🗀										
	State: President State:	Other (spec	сиу)				Me	mo	ltem				
_	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·			\neg	D-1	; <u>r</u> .					-
C.					_		Date of	וטוג <i>ד</i> /	ourse 6	inent	_	₹ 8 ∀ 1	
	Mailing Address							j	L	ًلـ	<u>L</u> .		
	City	State	Zip Code				FEC Id	entif	ication	n Num	ber		
	Purpose of Disbursement			_			C				_		
	Candidate Name			Cat	egor	y /	Amount	t of	Each	Disbur	semer	nt this	Period
	Office Sought: House Disburser	nent For:		<u> </u>	уре		_						
	Senate President	Primary	General				<u></u>		15 				الستسنا
	State: District:	Other (spec	y) ▼				Me	mo	Item				
s	SUBTOTAL of Disbursements This Page (optional)					>		-	7-4				
7	OTAL This Period (last page this line number only)					<u> </u>		-			,		

SCHEDULE C (FEC Form 3X) **LOANS**

PAGE OF Use separate schedule(s) 1 for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Election: LOAN SOURCE Full Name (Last, First, Middle Initial) **Primary** General Mailing Address Other (specify) ▼ City **ZIP Code** State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period **TERMS** Date Due Date Incurred Interest Rate Secured: % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City **Amount** Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 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 Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 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 1 of Schedule

Federal Election Commission, Washington, D.C. 20463		Page 1 of Schedule C
NAME OF COMMITTEE (In Full)	·	FEC IDENTIFICATION NUMBER
Indiana Chamber Congress	ional Action Committee	C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
	575 - 1 - 275 - 1	<u> </u>
Mailing Address		
	Date Incurred or Established	
City State Zip Code	Data Dua	Mam / Dabi / Asasas
·	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurre	ed Mam / Bab / Yayayay
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	7 7
C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guaranto	ncurred? rs must be reported on Schedule C.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or	es of deposit, chattel papers.	What is the value of this collateral?
No Yes If yes, specify:		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	What is the estimated value?
collateral for the loan? No Yes If y	yes, specify:	
		43 43
A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:	
Date account established:	Address:	
Maw / Dap / Andrew	City, State, Zip:	
F. If neither of the types of collateral described above		amount pladged does not equal or exceed
the loan amount, state the basis upon which this	loan was made and the basis on w	hich it assures repayment.
G. COMMITTEE TREASURER	 	DATE
Typed Name		M
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 state of the		mation regarding the extension of the loan
are accurate as stated above. II. The loan was made on terms and condition		
similar extensions of credit to other borrower III. This institution is aware of the requirement	ers of comparable credit worthiness.	
complied with the requirements set forth at	11 CFR 100.82 and 100.142 in make	ting this loan.
AUTHORIZED REPRESENTATIVE Typed Name		DATE
Typed Name Signature	Title	
•	İ	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

E

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE 1

OF

cluding Loans		-	numbered line)	(check only one)	10
ME OF COMMITTEE (In Full) Indiana Chamber Congres	sional Act	tion Committee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	* *** · · · · · · · · · · · · · · · · ·	Nature of	Debt (Purpose):	•
Mailing Address	······································		·	-	
	State	Zip Code			
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	ayment This Period	Outstand	ding Balance at Close of T	his Period
77 77 70.	-77-	1 7 7 1 1		7 - 7	
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of	Debt (Purpose):	
Mailing Address		[:			
City	State	Zip Code			
Outstanding Balance Beginning This Period					
			,		
Amount Incurred This Period	Pa	ayment This Period	Outstand	ding Balance at Close of T	his Period
	7		ــا لــــ		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	····	Nature of	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	ayment This Period	Outstand	ling Balance at Close of T	his Period
492 412		-1-1-7-1-1-			
SUBTOTALS This Period This Page (optional)		•		72	
TOTALS This Period (last page this line number	r only)				
TOTAL OUTSTANDING LOANS from Schedule	C (last page	only)	>		45
ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page	only) ▶	77	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	5	•	PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Indiana Chamber Congressional Act	tion Comm	ittee	C
Check if 24-hour report 48-hour report	New re	eport Amends repor	t filed on
Full Name of Payee		☐ Memo t	tem Date of Public Distribution/Dissemination
		,	Mam / Dag / Aaaaaa
Mailing Address			
			Amount
City	State	Zip Code	
•			Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M = M / D = D / Y = Y = Y
. •		Туре	<u> </u>
'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 I	tem Date of Public Distribution/Dissemination
			M M / D D / Y Y Y Y
Mailing Address			
·			Amount
City	State	Zip Code	
		,	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	, M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:			
reality of 1 odoral outdotate.		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	(I) (II)		Disbursement For: Primary General
			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	NC		
(a) SOBTOTAL OF HOMESER MINEPERIORIE EXPENDITURE			
(a) SUBTOTAL of Unitemized Independent Expendit	ures		
(a) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize	es reported herein were ed committee or agent o	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
•			
Signature		Date	
			·

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

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

	(To b	e used only	by Po	iltical Comm	nittees in the Gene	ral Election)	FOR LI	NE 25 OF F	ORM 3X
NA	ME OF COMMITTEE (In Full)								
	Indiana Chamber Congressio	nal Actio	n Co	mmittee					
	is your committee been designated to make ordinated expenditures by a political party of YES NO				ordinate Committee		-		
lf \	YES, name the designating committee:		Mailin	g Address					
			City	=	 ,		State	ZIP Code	
	Full Name (Last, First, Middle Initial) of E	Each Payee			☐ Memo Item	Purpose of	Expenditure		ategory/ Type
	Trialing Address	•				Date	•	· · · · · ·	.,,,,
	City	State		Zip Code		M	/ B 	Y	
	Name of Federal Candidate Supported	Office Sough	-	House Senate Presidential	State:	Amount		J J J	
	Aggregate General Election Expenditure for this Candidate ▶	77)}			35 • •		·
	Full Name (Last, First, Middle Initial) of E	Each Payee			☐ Memo Item	Purpose of	Expenditure .		ategory/ Type
	,					Date			.,,,,
	City	State		Zīp Code		W W	/ D D /	Ý • Ý • Ý	
	Name of Federal Candidate Supported	Office Sough	ht:	House Senate Presidential	State: District:	Amount			
	Aggregate General Election Expenditure for this Candidate ▶			7 1 1 1 T				7)5 8 8 7	:
	Full Name (Last, First, Middle Initial) of E	Each Payee		· · · · · · · · · · · · · · · · · · ·	☐ Memo Item	Purpose of	Expenditure		ategory/
	Mailing Address .					Date		·	Туре
	City	State		Zip Code		M · M	/ 0 0 /	Y	
	Name of Federal Candidate Supported	Office Sough		House Senate Presidential	State:	Amount		· · · · ·	
	Aggregate General Election Expenditure for this Candidate		, , , , , , , , , , , , , , , , , , ,	»			75	77 - 1	
S	UBTOTAL of Expenditures This Page (opti	onal)			>		-27511	73 A A 2	
T	OTAL This Period (last page this line numb	ber only)			······		-275	375	

PAGE

OF

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)

NIANAE C	DE COMMITTEE (In Full)
NAME	DF 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)
В.	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

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT					
Methods of allocation:						
 FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	pportion of				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.						
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u>"</u> %	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
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: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %				
CHECK IF THE RATIO IS: New	%	%				

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

PAGE	1	C) -	1	
EOD I	INE	100	ΩE.	EODM	2

NAME OF	COMMITTEE (In Full) Indiana Chamber Congress	ional Actio	n Comi	mittee				
NAME	OF ACCOUNT	DATE OF RE	CEIPT	~ • ~ • ~		TOTAL AMO	OUNT TRANSF	ERRED
BREAK	DOWN OF TRANSFER RECEIVED							F
i) T	otal Administrative		••••••				<u> </u>	-912
II) G	Seneric Voter Drive				/	-1 - 7 - 1	75	
iii) E	exempt Activities						4. 275	71%
iv) D	Direct Fundralsing (List Activity or Event Ider	itifier)						
а)	7)3						
ь)							
С) Total Amount Transferred For Direct Fundra	ising			[
v) D	Direct Candidate Support (List Activity or Eve	ent Identifier)		- ,	•			
а)	75.						
b)							
c)) Total Amount Transferred For Direct Candid	ate Support					7	
vi) P	Public Communications Referring Only to P	arty (Made by	PAC)		L		47	49
	TOTALS FO	R BREAKDOW	N OF TRA	NSFER R	ECEIVED		_	
TOTAL TI	his Period (Administrative)		[_	***	-73]	
TOTAL T	his Period (Generic Voter Drive)		L					
TOTAL TI	his Period (Exempt Activities)				573			
TOTAL TI	his Period (Direct Fundraising)			L		77		
TOTAL T	his Period (Direct Candidate Support)					47		
TOTAL TI	his Period (Public Communications Referring	Only to Party)				- 137		
TOTAL TI	his Period (Total Amount Transferred)				[4 4 27 4		415

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE	1	0	F	1	
1	FOR I	INE	212	ΩE	FORM	3

	Full Name (Last, First, Middle Initial)		I Action Cor	☐ 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:			-	Allocated Activity or Event Year-To-Date
	- I Dipose of Diobates.				
	Activity or Event Identifier:			Category/	MIN / DID / YIYIYI
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				499	
	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	As-ilian Address				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<u> </u>		Allocated Activity or Event Year-To-Date
				7	
	Activity or Event Identifier:			Category/	
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= , TOTAL AMOUNT
				A 1	
_	Full Name (Last First Middle Initial)		77	☐ Memo Item	Allocated Activity or Event:
	Full Name (Last, First, Middle Initial)		77	☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
•	Full Name (Last, First, Middle Initial) Mailing Address.		*************************************	☐ Memo Item	
•		State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt
•	Mailing Address	State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support
•	Mailing Address	State	Zip Code	☐ Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
•	Mailing Address	State	Zip Code		Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
•	Mailing Address. City Purpose of Disbursement:	State	Zip Code	☐ Memo Item Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
	Mailing Address. City Purpose of Disbursement:	State	Zip Code	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
-	Mailing Address. City Purpose of Disbursement: Activity or Event Identifier:			Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
-	Mailing Address. City Purpose of Disbursement: Activity or Event Identifier:			Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	†	NONFEDERAL	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address. City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	†	NONFEDERAL	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	+ Activity Thi	NONFEDERAL 272 s Page	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
SL	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	+ Activity Thi	NONFEDERAL 37 27 S Page NONFEDERAL	Category/ Type SHARE SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT

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)

be used t	by State, District and Loca	rarty Committees C	, iliy,		FOR LINE 18b OF FOR	м зх
	MMITTEE (In Full) ndiana Chamber Congre	essional Action Con	nmittee			
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOU	JNT TRANSFERRED	_
			, , , , , , , , , , , , , , , , , , , 			
BREAKDOV	NN OF THIS TRANSFER			•		
i)	Voter Registration		VOTER REGISTR	ATION		
	Total Amount Transferred for Voter	Registration				
···	Votos ID		V	OTER ID		
11)	Voter ID Total Amount Transferred for Voter	ID				
•			77	GOTV		
iii)	GOTV			1 1 1 1		
	Total Amount Transferred for GOT	v	······ L		<u> </u>	
iv)	Generic Campaign Activity		 	GENERIC CAMP	AIGN ACTIVITY	
	Total Amount Transferred for Gene	ric Campaign Activity				:
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOI	UNT TRANSFERRED	
	•	M-M / 6-6 /	Y = Y = Y = Y		• • • • • •	ı
		الحالحال	الــــا	77		ı
BREAKDOV	WN OF THIS TRANSFER				· · · · ·	
i)	Voter Registration		VOTER REGISTR	ATION		
ŕ	Total Amount Transferred for Voter	Registration			•	;
			V	OTER ID		
il)	Voter ID Total Amount Transferred for Voter	- In	H . H . H . H .		-	
	Total Amount Transletted for Votel			77	44	
iii)	GOTV		 1 - 1 - 1 -	GOTV		,
	Total Amount Transferred for GOT	V			-	
iv)	Generic Campaign Activity			GENERIC CAME	PAIGN ACTIVITY	
,	Total Amount Transferred for Gene	eric Campaign Activity				
		····		,		
	TOTALS FOR BR	EAKDOWN OF TRANSFER	RECEIVED (La	ast Page Only)		
TOTAL	L This Period (Voter Registration)					
IOIA	E Triis T enou (Voter Hogistration)		 	أحصي		
ΤΟΤΔΙ	L This Period (Voter ID)		1 1 1 1 m	****		
					<u> </u>	•
TOTAL	L This Period (GOTV)				• • •	!
	• • • • • • • • • • • • • • • • • • • •			75 75 		
TOTAL	L This Period (Generic Campaign A	ctivity)	_		• • • • • •	
	· · · · · · · · · · · · · · · · · · ·		-			
TOTAL	L This Period (Total Amount of Tran	sfers Received)				
						
						,

PAGE 1 OF

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	
ı	FOR L	INE	30a	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)				·
Indiana Cha	amber Co	ngressional Ac	tion Commit	ttee
A. Full Name (Last, First, Middle Initial)	/ Full Organi	zation 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
	04-4-	Tin Code	1	
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT
	<u> </u>			
B. Full Name (Last, First, Middle Initial)	/ Full Organi	zation Name	☐ Memo Item	Type of Allocated Activity or Event:
	•			Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code	لبيا	
Purpose of Disbursement		<u> </u>	Category/ Type	Date Date
FEDERAL SHARE	+	LEVIN SH		= TOTAL AMOUNT
	— <u> </u>			_
7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1		<u></u>		
C. Full Name (Last, First, Middle Initial)	/ Full Organ	ization 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	<u></u>	
Purpose of Disbursement	· .		Category/ Type	Date Date
FEDERAL SHARE	+_	LEVIN SH	·	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin A	Activity This F	Pane		
FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT
75 4 4 75 4 4 75		4 - 4 - 33 - 4 - 4 - 33		75 75 75
TOTAL This Period (last page for each line FEDERAL SHARE	e only)(Federa	al share to 30(a)(i) an	d Levin share to	30(a)(ii)) TOTAL AMOUNT
77. 1. 17.	لــ	LEVIN SH	ARE	
TOTAL This Period for the Levin Share		- 1 7: 1 1 7:	-4%]

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		/				
	Indiana Cha	amber Congressional Action Con	nmittee				
NAM	NAME OF ACCOUNT						
	 	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		275 1 275 1 275 1				
	(b) Unitemized		77-1-77				
	(c) Total						
2.	OTHER RECEIPTS	77	7) 7) 7)				
3.	TOTAL RECEIPTS	77	77				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	7 7 7 7	7 1 2 2				
	(b) Voter ID						
	(c) GOTV	475					
	(d) Generic Campaign		7. 7				
	(e) Total	7 7					
5. `	OTHER DISBURSEMENTS	77 47 47					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	7 7	772				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	7 7 7	7 7 7 7 7				
8.	RECEIPTS(from Line 3)	7 7 7	72 1 72 1				
9.	SUBTOTAL(Add Lines 7 and 8)		7 7 7 7				
10.	DISBURSEMENTS						
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		, , , , , , , , , , , , , , , , , , , ,				

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

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

PAGE 1 OF 1

FOR LINE NUMBER: 1a 2

Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual) City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt his Period City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) Date of Receipt Date of Receipt				Aggregation Page	(check only one)
Indiana Chamber Congressional Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address Mailing Addres	An or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not t	ne sold or used by any person of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Augregate Vear-to-Date City State Zip Code Name of Employer (for Individual) Cocupation (for Individual) 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) Cocupation (for Individual) I State Zip Code Name of Employer (for Individual) Cocupation (for Individual) Cocupation (for Individual) I State Zip Code Aggregate Year-to-Date City State Zip Code Aggregate Year-to-Date	\setminus	NAME OF COMMITTEE (In Full)			
Mailing Address City State Zip Code Amount of Each Receipt this Period Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Aggregate Vear-to-Date		• • • • • • • • • • • • • • • • • • • •			
Amount of Each Receipt this Period City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item City State Zip Code Mailing Address City State Zip Code Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual) Cocupation (for Individual) Full Name of Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item City State Zip Code Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual)	Α.	Full Name of Individual (Last, First, Middle Initial) or Full C)rganiza	tion Name Memo Item	Date of Receipt
Amount of Each Receipt this Period Name of Employer (for Individual)			<u></u>		M - M / D - D / Y - Y - Y - Y
Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Mailing Address			Amount of Each Receipt this Ported
Aggregate Year-to-Date Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address			State	Zip Code	2. Supri recorpt time 1 enou
City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name		Name of Employer (for Individual)			Aggregate Year-to-Date
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Name of Employer (for Individual) Maliling Address City State Zip Code Name of Employer (for Individual) Coccupation (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Full Name of Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Coccupation (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period City State Zip Code City		Occupation (for Individual)			199 Squid Town to Date
Mailing Address City					
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item City State Zip Code Mailing Address City State Zip Code City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Occupation (for Individual) Aggregate Year-to-Date Occupation (for Individual) Aggregate Year-to-Date Occupation (for Individual)		Full Name of Individual (Last, First, Middle Initial) or Full C)rganiza	tion Name Memo Item	Date of Receipt
City State Zip Code Name of Employer (for Individual) Cccupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item City State Zip Code Name of Employer (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Cccupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt this Period Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Cccupation (for Individual) Aggregate Year-to-Date	В.				المعميدي العموا السيسا
City State Zip Code Aggregate Year-to-Date Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address		Mailing Address			
Name of Employer (for Individual) C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Name of Employer (for Individual) Cccupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Occupation (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period The property of this Period Aggregate Year-to-Date Occupation (for Individual)		City	Co	7:- 0:-1-	Amount of Each Receipt this Period
Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Amount of Each Receipt this Period Name of Employer (for Individual) Cocupation (for Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt this Period Aggregate Year-to-Date Date of Receipt This Period Amount of Each Receipt this Period Mailing Address Amount of Each Receipt this Period The priod Amount of Each Receipt This Period Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Occupation (for Individual) Occupation (f		City	State	∠ip ∪ode	
C. Comparison (for Individual) Comparison Comparis		Name of Employer (for Individual)		Annual V	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Occupation (for Individual)			Aggregate Year-to-Date
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) 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) Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Occupation (for Individual) I, Aggregate Year-to-Date		- seepanon (or morauda)	•		
Mailing Address City State Zip Code Name of Employer (for Individual) Cocupation (for Individual) 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) Aggregate Year-to-Date Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Occupation (for Individual) 1, Aggregate Year-to-Date		Full Name of Individual (Last, First, Middle Initial) or Full C)rganiza	tion Name Memo Item	Date of Receipt
City Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City Name of Employer (for Individual) I, Occupation (for Individual) State Zip Code Amount of Each Receipt this Period Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Aggregate Year-to-Date Occupation (for Individual) I, Occupation (for Individual)	C.	AAAD AAA			Maw / Dad / Askaksk
Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name					Amount of Each Receipt this Period
Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City Name of Employer (for Individual) Occupation (for Individual) I, Aggregate Year-to-Date Subtotal of Receipts This Page (optional)		City	State	Zip Code	Toolpt this t shou
Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Name of Employer (for Individual)	•	-	Anna 2012 Maria 201
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City Name of Employer (for Individual) Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)		Occupation (for Individual)		·	Aggregate Year-to-Date
Mailing Address City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Subtrotal of Receipts This Page (optional)		•	·		45 1 45 1 45 1
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)			Organiza	tion Name Memo Item	Date of Receipt
City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Subtrotal of Receipts This Page (optional)					71 - M / D D / Y Y Y Y Y Y
City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Subtotal of Receipts This Page (optional)		Mailing Address			Amount of Each Receipt this Period
Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)		City	State	Zip Code	oun or Lauri necespt this Period
Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)		Name of Employer (for Individual)		· ·	
SUBTOTAL of Receipts This Page (optional)		Occupation for Individual		1,	Aggregate Year-to-Date
		Cooupation (for individual)			
	S	UBTOTAL of Receipts This Page (optional)			1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					

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:	PAG	SE 1	OF 1
(check only one)	4a	4c	<u></u> 5
	4b	4d	

OF LEVIN FUNDS 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 Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full 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) / Full Organization Name ... ☐ Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ■ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

CHOING BUSINESS ADVANCING INDIANA

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

Federal Election Commission 1050 First Street NE Washington, DC 20463

SOSI LEB - P VIII: 20 LEC WVIT CENTER BECEINED



U.S. POSTAC **\$1.6** 55 FCM LG EN 55 FCM LG EN 51 46206 000 51 146206 000 52 101 13 123 53 106 54 114879786

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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked-**USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify):

PREPARER

(3/2015)