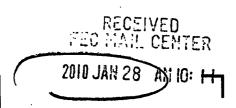
FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBUR For Other Than An Author Committee



							Office Use ()nly
1. NAME OF COMMITTEE (in		OR PRINT W		mple: If typing, the lines.	, type	12FE4M5		:
INDIANA		BER, CO	NGRES	SSION	AL A	CTION	<u> </u>	
COMMITIT	EE,	<u></u>	<u> </u>			<u> </u>	<u> </u>	
ADDRESS (number a	iu street)	15 WES		HING	TON	STREE	ĒŢ, <u>; :</u>	<u> </u>
Check if dit	ierent "	UDI ANA	505, ·		ا ا		4620	4. 1.1
reported. (A	ATION NUMBE	21. 200000000000000000000000000000000000	CITY A	<u>. I</u>		TATE A		P CODE A
C004	05597		3. IS THIS REPORT) NE	WOR	AMI (A)	ENDED	
4. TYPE OF RE (Choose One)	PORT (b) Monthly Report Due On:	Feb 20 (M2)	•	y 20 (M5)	i,	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Re	ports:		Mar 20 (M3) Apr 20 (M4)		n 20 (M6) 20 (M7)		20 (M9) 0 (M10)	(Non-Election Year Only) Jan 31 (YE)
	ly Report (Q1)	(c) 12-Day		Primary (12P)		General (Runoff (12R)
Octobe	ly Report (Q2)	PRE-Election Report for t		Convention (12	(C)	Special (1	2S)	
✓ Januar	y 31 nd Report (YE)	E	Election on	. 4:	r 10 ° 0	У	. "	the tate of
Report	Mid-Year (Non-election nly) (MY)	(d) 30-Day POST-Elect Report for t		General (30G)		Runoff (36	OR)	Special (30S)
: Termina : (TER)	tion Report	·	Election on	1 M 1	O P	r Visit Visit of Color		the
5. Covering Period	07	61 20	09	through C	12	31	200	9>
I certify that I have of Type or Print Name		port and to the be	-	wledge and be	lief it is true	e, correct and	complete.	
Signature of Treasur	Λ.	re D	anet	+	Da	ate ÖÏ	25	5 2010
Office Use Only	false, erroneous,	or incomplete infor	mation may su	bject the person	n signing thi	s Report to th	FEC F	of 2 U.S.C. §437g. FORM 3X . 12/2004

16634623692

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

Report Covering the Period:

From:

07 01

2009

12 31 2009

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, $\ddot{2} \ \dot{0} \ \ddot{0} \ \ddot{9}$		6.156.74
	(b) Cash on Hand at Beginning of Reporting Period	(6.156.74)	·
	(c) Total Receipts (from Line 19)		, , ,
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		, , O
7 .	Total Disbursements (from Line 31)	0	, O
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	(6.156.74)	6,156.74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FE6AN026

100340230925

DETAILED SUMMARY PAGEof Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

W	rite or Type Committee Name		
1	NDIANA CHAMBER C	DNGRESSIDNAL ACTIO	ON COMMITTEE
Re	eport Covering the Period: From:	7 01 2009	то: 12 31 2009
	I. Recelpts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees	mil.	in grander in the state of the 🛵
	(i) Itemized (use Schedule A)	\mathcal{O}°	, , , , , , , , , , , , , , , , , , ,
		\mathcal{O}	\circ
	(ii) Uniternized		· · · · · · · · · · · · · · · · · · ·
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0	\circ
	Lines Tr(a)(i) and (ii)		•
	(b) Political Party Committees	O	, , , Ο
	(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)	O:	O
12	Transfers From Affiliated/Other		 In the first part of the first part
	Party Committees	0	\mathcal{O}
	•		, , , , , , , , , , , , , , , , , , , ,
13.	All Loans Received	,	, 0
			and the second of the second o
14.	• •	, O	, , , O
15.	Offsets To Operating Expenditures	·	
	(Refunds, Rebates, etc.)) O	
16	(Carry Totals to Line 37, page 5)	, , ,	, , , , . O
10.	to Federal Candidates and Other		
	Political Committees	\circ	
17.	Other Federal Receipts	, , , , , , , , , , , , , , , , , , ,	
	(Dividends, Interest, etc.)) ·	
18.	Transfers from Non-Federal and Levin Fund	•	
	(a) Non-Federal Account (from Schedule H3)	():	
	(Irom Schoole Flo)	The second transfer of the second	to the state of th
	(b) Levin Funds (from Schedule H5)		
	(b) Leviii i unus (nom Genedale 115)	, ,	, , , , , ,
	(c) Total Transfers (add 18(a) and 18(b)).		
	`	,	en e
	•		
19	Total Receipts (add Lines 11(d),		.,
	12, 13, 14, 15, 16, 17, and 18(c))		(C)
		· · · · · · · · · · · · · · · · · · ·	para di la produce di .
20.	Total Federal Receipts	The state of the s	and the second s
	(subtract Line 18(c) from Line 19)▶	O.	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	total Tills Fellou	Calendar Year-to-Date
	Activity (from Schedule H4) (i) Federal Share		Ó
	(i) Teoeral Shale	······	e i de la
	(ii) Non-Federal Share	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, . , . , O
	(b) Other Federal Operating		
	Expenditures		,
	(c) Total Operating Expenditures		<u> </u>
22	(add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party		
Ç.	Committees	0	
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1	, , ,
	Independent Expenditures		and the state of t
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	······ / • · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
26.	Loan Repayments Made		0
	Zour Hopaymonio Induo		
27. 28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		,
	(b) Political Party Committees		. Q
	(c) Other Political Committees (such as PACs)		
	(SUCII AS FAUS)	2	, , , , ,
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	.	, Ο
29.	Other Disbursements	O	,
30.	Federal Election Activity (2 U.S.C. §43	31(20)	
	(a) Allocated Federal Election Activity	П	
	(from Schedule H6)		
	(i) Federal Share		
	(iì) "Levin" Share		
	(b) Federal Election Activity Paid Ent	n in the second	
	With Federal Funds		, <u>O</u> .
	(c) Total Federal Election Activity (ad Lines 30(a)(i), 30(a)(ii) and 30(b)	- 11 - 1	
04	Total Dishurasments (add Lines 04/5)	20	
31.	Total Disbursements (add-Lines 21(c), 23, 24, 25, 26, 27, 28(d), 29 and 30(d)		
32.	Total Federal Disbursements	<u>.</u>	
	(subtract Line 21(a)(ii) and Line 30(a) from Line 31)		0
		V	

100340230927

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditurės 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE OF	
łΤ	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and	Statements m	av not be sold or used by any p	erson for the purpose of soliciting contributions
o	for commercial purposes, other than using	the name and a	address of any political committee	e to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
V	INDIANA CHAMBER	CONGE	RESSIDNAL AC	TION COMMITTEE
Ľ	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address			R. B. V. D. D. V. A. A. A. A.
	City	State	Zip Code	T
				Amount of Each Receipt this Period
	FEC ID number of contributing	Ĉ	· · · · .	
	federal political committee.		. +4.4 +	For the condition of the first transfer.
	Name of Employer	Occupation	1	
	Receipt For:		V	_
	Primary General	Aggregate	Year-to-Date ▼	: ·
	Other (specify)		a a	•] .
_	Full Name (Last, First, Middle Initial)	<u> </u>		
В.				Date of Receipt
	Mailing Address			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	State	Zip Code	_
	Only .	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			77. 44. 2.7. 4
	federal political committee.	Ç	and the second	" 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Name of Employer	Occupation	1	· ·
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)			
_			:	
_	Full Name (Last, First, Middle Initial)			Data of Bossint
C.	Mailing Address	·		Date of Receipt
			·	
	City	State	Zip Code	
	EEC ID number of contribution	:	·. · · · · · · · · · · · · · · · · · ·	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		artini suga se de de de la compa
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼			
	Cirier (specify)	1	* * *	
Γ	· · · · · · · · · · · · · · · · · · ·			-
٤	SUBTOTAL of Receipts This Page (optional).			1 1 · ·································
Γ,	OTAL This Period (last nade this line	er only)		
۱'	OTAL This Period (last page this line number	-: Oilly)		

SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check onl	NUMBEH: FAGE OF
I EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	<u> </u>	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
LAIDIANIA CILANAZEO CON	160 march	٨٠٠٠	an Cana
Full Name (Last, First, Middle Initial)	ACKESSION AL	_ ACII	ON COMMITTEE
Α.			Date of Disbursement
Mailing Address			Y 9 2 2 9 2 2 4 Y Y
waining Address			
City	State Zip Code		
Purpose of Disbursement			1
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburserr	,		
j	Primary General Other (specify) ▼		·
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
<u>. </u>			A TO THE STATE OF
Mailing Address			
City	State Zip Code		
·	·		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	The second of th
Office Sought: ; : House Disbursem	nent For:	Туре	3
ļ	Primary General		
	Other (specify)	•	
State: District: Full Name (Last, First, Middle Initial)	·		
C.			Date of Disbursement
Nation Address			Burney Doron Const.
Mailing Address			
City . S	State Zip Code		
Purpose of Disbursement	. [;	1
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	,
Office Sought: House Disburserr	nent For: Primary General]
i mari	Other (specify)		
State: District:	•		<u> </u>
CURTOTAL of Bishurana This Book for the Burney			•
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only).		>	
——————————————————————————————————————			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

ailing Address		Primary General Other (specify) ▼
ity	State ZIP	Code
Original Amount of Loan	Cumulative Paymen	
original visibality of Court	odinalanto i ayilon	
• •	. 3	a second of the
ERMS	Data F	Interest Date
Date Incurred	Date D	A reserve
:		. % (apr)] Yes
st All Endorsers or Guarantors (i	f any) to Loan Source	
Full Name (Last, First, Middle Ini	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed
-		Outstanding:
Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address	<u></u>	Occupation
		Amount
City	State ZIP Code	Guaranteed :
Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address	<u> </u>	Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
		o unitarionity.

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		. 130 01 001100110 0
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
INDIANA CHAMBER CONGRESSIO	DNA) ACTION COMMI	C 00405597
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
·		0/3
Mailing Address		
3	Date Incurred or Established	_
City State Zip Code	Date Due	- A
A. Has loan been restructured? No Yes	If yes, date originally incurred	W W A DOLY A A A A
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurre		
	st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the loproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?
No Yes If yes, specify:	1	
		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s	pecify:	What is the estimated value?
		The Fland will be a first of the
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
a mark or to rely very	City Chata Zin.	
	City, State, Zip:	
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pledged does not equal or exceed ich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		a with in or any viving
Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter are accurate as stated above. The loan was made on terms and conditions (inc.)	cluding interest rate) no more far	•
similar extensions of credit to other borrowers of	a loan must be made on a basis	which assures repayment, and has
complied with the requirements set forth at 11 CF	100.02 and 100.142 in Makii	DATE
Typed Name		M AD THE DO DO A Y Y Y Y
Signature Title	е	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

xcluding Loans	•	numb	pered line)		10
IAME OF COMMITTEE (In Full)					
	CONGRESSIONAL ACT	10 <u>N</u>	COMM	ITTEE	
A. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of De	ebt (Purpose):	
Mailing Address			ı		
Cit. State	Zip Code				
City State	Zip Code				
Outstanding Balance Beginning This F	Period				
	·				
Amount to see of This Passed	Downson This Davied		Ottdi	D-lana	ATU- David
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close o	i inis Period
,	1 3	•		•	•
B. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of De	ebt (Purpose):	
Mailing Address					
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This F	Period		<u> </u>		
Cubianding Scianos Esginning Time .					
5 5	•	-	•		
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close o	f This Period
1 2 b				tt	*
C. Full Name (Last, First, Middle Initial)	of Debtor or Creditor		Nature of De	ebt (Purpose):	
1					
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This F	Period				
, , , , , , , , , , , , , , , , , , , ,			0.11 "	- Bulance - 1 21	4 mm () . m . 1 . 1
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close o	This Period
		.		•	•
OUDTOTAL C THE DOMESTIC TO	-6D				
1) SUBTUTALS This Period This Page (o	ptional)	>	-i		
2) TOTALS This Period (last page this line	e number only)	>		. ,	
3) TOTAL OUTSTANDING LOANS from S	Schedule C (last page only)	▶	· · · · · · · · ·		•
4) ADD 2) and 3) and carry forward to an	propriate line of Summary Page (last page	only) ▶			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

INDIANA CHAMBER CONGRESSIONAL ACTION Check if 24-hour notice 48-hour notice COMMITTEE Full Name (Last, First, Middle Initial) of Payee Date	TEMIZED INDEPENDENT EXPENDITURES	·	PAGE OF FOR LINE 24 OF FORM 3X
Check If 24-hour notice 48-hour notice Date Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code Purpose of Expenditure Category/ Type President Check One: Support Opposed by Expenditure: Calendar Year-To-Date Per Etection for Office Sought: Other (specify) Check One: Support Opposed Date Mailing Address Amount City State Zip Code Disbursement For: Primary General Other (specify) Date Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Senate District: President Check One: Support Opposed by Expenditure: Check One: Support Oppose Office Sought: House State: District: President Check One: Support Oppose Office Sought: Office Sought: Office Sought: Senate District: President Check One: Support Oppose Office Sought: Office	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Check If 24-hour notice 48-hour notice Date Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code Purpose of Expenditure Category/ Type President Check One: Support Opposed by Expenditure: Calendar Year-To-Date Per Etection for Office Sought: Other (specify) Check One: Support Opposed Date Mailing Address Amount City State Zip Code Disbursement For: Primary General Other (specify) Date Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Senate District: President Check One: Support Opposed by Expenditure: Check One: Support Oppose Office Sought: House State: District: President Check One: Support Oppose Office Sought: Office Sought: Office Sought: Senate District: President Check One: Support Oppose Office Sought: Office	INDIANA CHAMBER CONGRESS	IDNAL ACTION	COMMERCE
Full Name (Last, First, Middle Initial) of Payee Date	, "I	_	
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Calendar Year-To-Date Per Election for Office Sought City State Zip Code Office Sought Check One: Support Oppose Disbursement For: Primary General Other (specify) Type Date Amount City State Zip Code Office Sought: House State: Disbursement For: Primary General Other (specify) Date Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Senate President Check One: Senate President Check One: Primary General Other (specify) Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify)	Full Name (Last, First, Middle Initial) of Payee		·······
City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Date Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose State: Senate District: President Check One: Support Oppose Date Calendar Year-To-Date Per Election for Office Sought: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Cother (specify)			TALL MILL D. D. J. Y. Y. Y. Y.
City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Category/ Type Category/ Type Category/ Category/ Category/ Category/ Category/ Category/ Category/ Type Categ	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
Purpose of Expenditure Category/ Type		•	Amount
Purpose of Expenditure Category/ Type	City State	Zip Code	
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: Federal Candidate Supported or Opposed by Expenditure: Category/ Type Office Sought: Fresident Check One: Support Office Sought: Senate Primary General District: Primary City State City Office Sought: Fresident Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought: Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify)			, ,
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Category/ Type Category/ Type Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: State State Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Disbursement For: President Check One: Support Coppose Calendar Year-To-Date Per Election for Office Sought Check One: Category/ Type Category/ Type Check One: Check One: Category/ Coppose Category/ Type Check One: Check One: Coppose Category/ Coppose Check One: Coppose Coppose Coppose Category/ Coppose Coppos	Purpose of Expenditure	Category/	Office Sought: House State:
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Check One: Support General District: President Check One: Support General Office Sought: Check One: Other (specify) Category/ Type Check One: Other (specify) Check One: Check One: Other (specify) Other (specify) Check One: Other (specify) Other (specify) Check One: Other (specify)			Senate District:
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Calendar Year-To-Date Per Election for Office Sought To Office Sought Calendar Year-To-Date Per Election for Office Sought Check One: Check On	Name of Federal Candidate Supported or Opposed by Expendi	ture:	President
for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (If the reporting entity is not a political)			Check One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Check One: Disbursement For: Primary General for Office Sought Other (specify) Cother (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political)	Calendar Year-To-Date Per Election		Disbursement For: Primary General
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Check One: Senate District: President Check One: Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Type Check One: Check One:	for Office Sought	•	Other (specify)
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Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Cother (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political)			
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Oppose Calendar Year-To-Date Per Election for Office Sought Cother (specify)	Mailing Address		
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures	Maning 1887000		Amount
Purpose of Expenditure Category/ Type	City State	Zip Code	
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Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
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(a) SUBTOTAL of Itemized Independent Expenditures			Bi-lumina Fig. 12-12 Bi-lumina
(a) SUBTOTAL of Itemized Independent Expenditures			h
(b) SUBTOTAL of Unitemized Independent Expenditures	Tor Office Sought		Other (specify)
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(b) SUBTOTAL of Unitemized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures		· 🕨
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(b) SUBTOTAL of Unitermized Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			3 · · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(c) TOTAL Independent Expenditures		7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
	with, or at the request or suggestion of, any candidate or author		
			the Committee of the Co
Signature Date	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

(2 U.S.C. §441a(d))

PAG	E		O	•	
FOR	LINE	25	OF	FORM	3X

2 U.S.C. 9441a(d)) (To be use	ed only by Political Committees in the Ger	neral Election) FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)			
		ON COMMITTEE	
Has your committee been designated to make	Full Name of Subordinate Committee		
coordinated expenditures by a political party comm	iittee ?		
f YES, name the designating committee:	Mailing Address		
	City	State 7ID C	-da
· . ·	City	State ZIP C	ode
Full Name (Last, First, Middle Initial) of Each F	Payee	Purpose of Expenditure	
İ			
Mailing Address		- · · · · · · · · · · · · · · · · · · ·	Category/ Type
Maining 7,00,000		Date	
City	State Zip Code		* 4 - *
Name of Federal Candidate Supported Office	Sought: House State:	<u> </u>	
Cince	Senate District:	Amount	
	Presidential	」 ' ,	
Aggregate General Election			
Expenditure for this Candidate	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) of Each F	Payee .	Purpose of Expenditure	
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Mailing Address			Category/ Type
		Date	
City	State Zip Code	n n r n p f e n	Y
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	Senate District:	The second second	
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Mailing Address		-	Category/ Type
maining roots so		Date	
City	State Zip Code	M M · (.c . Y Y	, A A
Name of Federal Candidate Supported Office	Sought: House State:	America	
	Senate District:	Amount	· :.
	Presidential	. ·	. •
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Expenditures This Page (optional).	<u> </u>	to the second second	
TOTAL This Period (last page this line number or	nly)	· · · · · ·	<u> </u>

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 CO	DMMITTEE (In Full)
INDIAN	IA CHAMBER CONGRESSIONAL ACTION COMMITTEE
	USE ONLY ONE SECTION, A or B
A. Sta	ate 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. Se	parate Segregated Funds and Nonconnected Committees
	parate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Ī	
!	Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
!	Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
!	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
	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

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE (In Full)

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

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

Methods of allocation:

- FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

	···	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	·	
Fundraising j Direct Candidate Support	, n	
	. %	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported	· .	
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
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Fundraising Direct Candidate Support		%
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ACTIVITY OR EVENT IDENTIFIER		
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A OTHER VIOL	FEDERAL %	NONFEDERAL %
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New Revised Same as Previously Reported		
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ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	FEDERAL %	NONFEDERAL %
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ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL % NONFEDERAL %
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE		0	F		
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FOR L	INE	18a	OF	FORM	3X

	OF COMMITTEE (In Full)			
NE	DIANA CHAMBER CE	NGRESSIDNAL	ACTI	M COMMITTEE
NAN	ME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		g in them to a single	e s	
		• •		*. * * * *
BRE	AKDOWN OF TRANSFER RECEIVED			
10	Total Administrative	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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li)	Generic Voter Drive			
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ili)	Exempt Activities			eries. Program i de la manage de la companya de la company
l iv)	Direct Fundraising (List Activity or Event Id	entifier)		
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	b)	- , .		
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1	c) Total Amount Transferred For Direct Fund	raising		•
v)	Direct Candidate Support (List Activity or E	Event Identifier)		
		erie en		
1	a)			•
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1	b)			
}				* * * * * * * * * * * * * * * * * * * *
	c) Total Amount Transferred For Direct Cand	lidate Support		
Vi)	Public Communications Referring Only to	Party (Made by PAC)		
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O AL	This relied (Generic Voter Dilve)			
TOTAL	. This Period (Exempt Activities)			
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TOTAL	This Period (Direct Candidate Support)			
TOTAL	. This Period (Public Communications Referring	g Only to Party)		1
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	. This Period (Total Amount Transferred)			

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	21 - OF	EODM 2V

_	AME OF COMMITTEE (IN FUII) NOI ANA CHAMBER CONGRESSIONAL	ACTION	COMMITTEE
A.	Full Name (Last, First, Middle Initial)	r is the	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
			J
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		- Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		a 3 or or 7 minute of the finds
		Category/ Type	κ κίμε δίω ε γιν γ γ Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		Allocated Activity of Event Teal-10-Date
	Activity or Event Identifier:	 	* *
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	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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C.	Full Name (Last, First, Middle Initial)		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
			3 3 4
	Activity or Event Identifier:	Category/	4 '' / U S ' Y Y Y
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
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SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		·
	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)

PAGE OF FOR LINE 18b OF FORM 3X

AME OF A		DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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····		·	e i i gran e tega i i t
REAKDO	VN OF THIS TRANSFER		
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	Total Amount Transferred for Vot	ter Registration	•
. in	Voter ID	· ·	OTER ID
,	Total Amount Transferred for Vot	ter ID	
1115	COTY		GOTV
111)	GOTV Total Amount Transferred for GC	OTV	. :
			GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity	province Composign Assistan	
	iotal Amount Transierred for Ge	neric Campaign Activity	and the second second second second
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		THE REST BUILDING WITH THE	
BREAKDO	WN OF THIS TRANSFER		
	Voter Registration	VOTER REGIST	RATION
•	Total Amount Transferred for Vo	ter Registration	•
	Makes 199	· ,	VOTER ID
II)	Voter ID Total Amount Transferred for Vo	ter ID	
		,	GOTV
lii)	GOTV		
	IOIAI AMOUNT TRANSferred for GC	VTC	5: 5
lv)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Ge	eneric Campaign Activity	the state of the s
	TOTALS FOR E	BREAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
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тота	L This Period (Voter ID)	······································	

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)

PAG	Ę		OF		
FOR	LINE	30a	OF	FORM	3)

ME OF COMMITTEE (In Full)		
NDIANA CHAMBER CONGRESSIONI	ni Acy	ION COMMITTEE
A. Full Name (Last, First, Middle Initial) / Full Organization Name	AC ME	Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Voter Registration GOTV
		Voter ID Generic Campaig
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
the second of the control of the second	·•	in a second of the second second of the second
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaig
	•	Land
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, ,
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
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C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaig
Mailing Address	 	Allocated Activity or Event Year-To-Date
City State Zip Code	Ţ 	, ,
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH	ARE :	= TOTAL AMOUNT
. , , , , , , , , , , , , , , , , , , ,		3
IBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
TAL This Desired (last some for each line and VEndovel above to 90/4/0 and		
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	u Levin Share to	TOTAL AMOUNT
LEVIN SH.	ARE	en i Program Nation (*† angles au li # luin (i i e * finis i i i e : Tagai
OTAL This Period for the Levin Share		<u></u>

SCHEDULE L (FEC Form 3X)

NAME OF COMMITTEE (In Full)

AGGREGATION PAGE: LEVIN FUNDS

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۱.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		,	•	; ", " :	::	:	•	a granda ang	٠.,•	· · · · ·
	(b) Uniternized		5	:					, .	. •	
	(c) Total		. 3	.	. ,	. **		 	1	- •	.;·;
•	OTHER RECEIPTS	;				1* . F					:
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	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			,							
	(a) Voter Registration		•					,	•	. •	
	(b) Voter ID		. 3	:				:	:		
	(c) GOTV		. т					. 3	···. *		
	(d) Conerio Campaign	•						• •			

(e) Total.....

- 6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)
- 7. BEGINNING CASH ON HAND......(for Column B. use cash as of January 1st)
- 8. RECEIPTS
- 10. DISBURSEMENTS(From Line 6)
- 11. ENDING CASH ON HAND......(Subtract Line 10 From Line 9)

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

PAGE OF Use separate schedule(s) 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) ACTION Full Name (Last, First, Middle Initial) / Full Organization Name **Mailing Address** Amount of Each Receipt this Period City State Zip Code The substance of the 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 В. . / p o / Mailing Address Amount of Each Receipt this Period City State Zip Code and the state of the state of State of the 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 C. Mailing Address Amount of Each Receipt this Period City Zip Code 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. $\theta = P = P - \Phi$ Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

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

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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.		
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USPS Priority Mail	Postmarked	
Delivery Confirmation™ or Signature Confirmation™ Label		
USPS Express Mail	Postmarked	
Postmark Illegible		
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Overnight Delivery Service (Specify): FED. EGD	Shipping Date	
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Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
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(3/2005)	DATE PREPARED	