

Memo

To: Alexandra T. Broomhead

From: Kelby Hicks

Manager of Political Fundraising

Indiana Chamber Congressional Action Committee

Date: July 8, 2010

Re: Year End Report (7.1/2009 - 12.31.2009) Amended

In response to our phone call on July 7, 2010, I have included our amended report for year end (7.1.2009-12.31.2009) to correct the calculations on Line 6(d).

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

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

Thank you.

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

20!0 JUL 12 8610: 46

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typin r the lines.	0. 3.	12FE4M5	<u> </u>	
Ш	MOLANA CHI	AMBER C	ONGRES	SIDNA	L AC	TION		لبب
	OMMITTEE .		11111	111				
ADI	ORESS (number and street)	LIDWE	est Mas	SHINE	TION	STREE	57	لبنيا
	Check if different	SUITE	<u> 1850,5 </u>					
	than previously reported. (ACC)	INDUAN	MAPOLIE		الب		462041-	لىسا
2.	FEC IDENTIFICATION NU	JMBER ▼	CITY A		S	TATE A	ZIP CO	DE 🛦
	C004055	2.7	3. IS THIS REPORT		IEW N) OR	(A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
		I D On.	Mar 20 (M3)	[] J	lun 20 (M6)	Sep	20 (M9)	Year Only) Dec 20 (M12) (Non-Election
	(a) Quarterly Reports:	1	Apr 20 (M4)	[- <u>:</u> ,	lul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
	April 15 Quarterly Report (C		[]	Primary (12P)	r=-		ি <u>।</u> তব	Runoff (12R)
	July 15 Quarterly Report (C)2) I	lection					` '
	October 15 Quarterly Report (C	·	for the:	Convention (. [!		·	
	January 31 Year-End Report (Y	'E)	Election on	(1Mr u - Mr (/ /		<u> </u>	in the State of	ı
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-	-Election	General (30G	a) [[Runoff (3	OR)	Special (30S)
	Termination Report (TER)	Report	Election on	/	[<u> </u>	in the State o	ı []
5.	Covering Period	*# ' 	2009	through	12	′[3]]′	2009	
	ertify that I have examined th			-	pelief it is true	e, correct and	complete.	
Тур	e or Print Name of Treasure	r Haria	ogenut					
Sig	nature of Treasurer	Dark	Bajenut		Da	ate 57	' 07 ' '	20/6
NO.	TE: Submission of false, erron	eous, or incomplete	information may su	bject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
	Office				=	_	FEC FOR	
	_ Use _ Only						Rev. 12/2	

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Indiana Chamber	Congressional Action C	ommi Hee
Report Covering the Period: From:		. [2 31 2009
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		L., 6,156,74
(b) Cash on Hand at Beginning of Reporting Period	<u> </u>	
(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)		6156.74
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	- - U.15474	L., 6,156.74
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a n	nulticandidate 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	

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DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name

Indiana	Chamber	Congressiona	Action	Committee

Report	Covering	the	Period:	From:

07 01 2009

12 31 2009 To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees	तृत्त अस्मात्र संभाग ता स्थानम् वनात्त्व तास्त्व तास्त्रात्त्व नयसम्ब	genomelares respesors son since esembles
(i) Itemized (use Schedule A)		
(ii) Unitemized	<u> </u>	\
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)		
(b) Political Party Committees	<u> </u>	
(c) Other Political Committees		
(such as PACs)	<u> </u>	$ \frac{Q}{2}$
(d) Total Contributions (add Lines	i — —	
11(a)(iii), (b), and (c)) (Carry		- Recommendation of the Carl
Totals to Line 33, page 5)		<u></u>
12. Transfers From Affiliated/Other	, — ——————————————————————————————————	
Party Committees	O D	
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		0
16. Refunds of Contributions Made		
to Federal Candidates and Other		الاسان ومستكن بالماسية المستريدية المستريد بالمستريد المال مستريد المال المستريد المال المستريد المال
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Fund	dss	<u> </u>
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)	0	0
(-,		
(c) Total Transfers (add 18(a) and 18(b))		
., ., ., .,	<u>L. a</u>	
19. Total Receipts (add Lines 11(d),	,	para
12, 13, 14, 15, 16, 17, and 18(c))		
	ا استر <u>اد سام من المدين من من المدين والبسود من من من ال</u>	
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)		
(-2000) The rotal name ray mining	<u>(</u>	by the transfer of ∞ . The stands of ∞

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21. Operatir	ng Expenditures:	Total This Period	Calendar Year-to-Date
	ocated Federal/Non-Federal tivity (from Schedule H4)		
(i)	Federal Share		
• • • • • • • • • • • • • • • • • • • •		The state of the s	
(ii)		$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	<u> </u>
	ner Federal Operating		
-	pendituresal Operating Expenditures	<u></u>	
	Id 21(a)(i), (a)(ii), and (b))		السريم سريد و مداوي المراجع الم
	rs to Affiliated/Other Party		
	tees		
23. Contribu Federal	utions to Candidates/Committees ner Political Committees		
		<u> </u>	
	ident Expenditures		
25. Coordin	hedule E)ated Party Expenditures		
(2 U.S.C (use Sc	C. §441a(d)) hedule F)		
,	·		
26. Loan Re	epayments Made		
07 1 1	4 4-		
	Mades of Contributions To:		<u></u>
	ividuals/Persons Other an Political Committees	6	Q
	litical Party Committees	L	
	ner Political Committees		
(su	ch as PACs)		<u> </u>
(d) Tot	al Contribution Refunds		
	Id Lines 28(a), (b), and (c))▶		
29. Other D	Disbursements		
20 Endoral	Election Activity (2 U.S.C. §431(20))		:
	ocated Federal Election Activity		
	om Schedule H6)		[
(i)	Federal Share		
4415			
• • •	"Levin" Sharederal Election Activity Paid Entirely		
(0) F80	With Federal Funds	D.	
(c) Tot	al Federal Election Activity (add		
Lir	nes 30(a)(i), 30(a)(ii) and 30(b))▶		O
-			
	sbursements (add Lines 21(c), 22,		
ZJ, Z4,	25, 26, 27, 28(d), 29 and 30(c))	<u></u>	<u> </u>
32. Total Fe	ederal Disbursements		
(subtrac	ct Line 21(a)(ii) and Line 30(a)(ii)		رة رحم المستريدة ال
from Lir	ne 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))	<u>, , , , , , , , , , , , , , , , , , , </u>	
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)	0	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0	<u> </u>

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

FOR LINE NUMBER: PAGE Use separate schedule(s) for each category of the

OR LINE NUMBER:				PAGE	OF			
C	he	ck only	on	10)				
ı		11a		11b		11c	12	
		13_		14		15	16	17

		Detailed Summary Page		11a 13	-	111	- 1	11c	-	12 16	17
An or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	rson to so	for the licit co	pur ntrib	pos	se of	solicitin	g co	ntributi	ons	
/	NAME OF COMMITTEE (In Full)										
<u>/</u>	Indiana Chamber Con	navessional Action	an	6	Μ	n	<u>rih</u>	ke			
Δ.	Full Name (Last, First, Middle Initial))	İ	Date o							
٦.	Mailing Address						•	5] / im	ř. Υ	5γે	7
			_			i					- 1
	City Stat	e Zip Code	-	Amount of Each Receipt this Period							
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	Name of Employer Occup	ation	7								
	Descript Four		_								
		gate Year-to-Date ▼	,								
	Other (specify)	<u></u>									
3.	Full Name (Last, First, Middle Initial)			Date o	f Re	есе	ipt				
	Mailing Address				<u> </u>	' [[ט ע נ	-	Y Y	· [- • · · .]-	*
	City Stat	e Zip Code	\dashv	<u></u>	<u>-1</u> 1	<u>].</u>	<u></u> =∴.	_= =	<u></u>	ell virle	يند ن
								Receipt 1			
	FEC ID number of contributing federal political committee.			i¦							į.
	Name of Employer Occup	ation									
	Primary General	gate Year-to-Date ▼									
	Full Name (Last, First, Middle Initial)		+	-							
C.	M. W. and M. and		_	Date o	_						•
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	FEC ID number of contributing federal political committee.			j				- <u></u>			!l
	Name of Employer Occup	ation									
		gate Year-to-Date ▼	_								
	Other (specify) ▼	- (_	_		
S	UBTOTAL of Receipts This Page (optional)			9							ì
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T	OTAL This Period (last page this line number only)		•	e Orași Dani	_2	/ 9 \	. a	· · · · · · · · · · · · · · · · ·	. ٦	e an	🕂

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ind.

SCHEDULE B (FEC Form 3X) PAGE ŌF FOR LINE NUMBER: Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b **Detailed Summary Page** 27 28a 28c 30b 28b 29 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) essional Action Committee Date of Disbursement (CO TO TO) Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: Full Name (Last, First, Middle Initial) ₿. Date of Disbursement **Mailing Address** City State Zip Code **Purpose of Disbursement** Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For:

Senate President State: District:	Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Disbursement
City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	State Zip Code Category/ Type Disbursement For: Primary General Other (specify)	Amount of Each Disbursement this Period
	number only)	

SCHEDULE C (FEC Form 3X)					
LOANS	Use separate schedule(s) PAGE OF				
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Full)	Dotained Callinnary 1 ago				
	A C N				
Indiana Chamber Congression	nal Action Committee				
LOAN SOURCE Full Name (Last, First, Middle Initially	Election:				
	Primary				
	General				
Mailing Address	Other (specify) ▼				
City State ZIP Co					
	· · · · · · · · · · · · · · · · · · ·				
Original Amount of Loan Cumulative Payment To					
<u> </u>	new Comment (ender harborn carner en mentel				
TERMS Date Incurred Date Due	Interest Rate Secured:				
Langer / Lan					
ك الصحا المحاة المحمدين المحا أحجا ا	(apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
ŧ					
Oh. Dieka 700 Onde	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
	, , , , , , , , , , , , , , , , , , , ,				
Mailing Address	Occupation				
	<u> </u>				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
the state of the s	,				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
The second second second second					
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding: Constitution On the Part Const				
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SUBTOTALS This Period This Page (optional)					
This relief this region this rage (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 ____ of Schedule C

rederal Election Commission, Washington, D.C. 20403			
NAME OF COMMITTEE (In Full)	•	FEC IDENTIFICATION NUMBER	
Indiana Chamber Congression	Action on all committee	C 004 0559 7	
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)	
Full Name	The Smallers of the Smallers Continued	verig	
	The profession was the transfer of the transfe	<u> </u>	
Mailing Address	Date Insured or Established	1	
Other Tip Code		MINT / TOUR / TYS V . YS V	
City State Zip Code	1	and Lagranian land	
A. Has loan been restructured? No Yes	If yes, date originally incurred	W (W) / (D) (D) / (V) (V)	
B. If line of credit,	Total		
Amount of this Draw:	Bolonco:		
C. Are other parties secondarily liable for the debt incurr	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the		t is the value of this collateral?	
property, goods, negotiable instruments, certificates of	f deposit, chattel papers,		
stocks, accounts receivable, cash on deposit, or other	r similar traditional collateral?		
No Yes If yes, specify:		Does the lander have a neclected according	
		s the lender have a perfected security est in it? No Yes	
E. Are any future contributions or future receipts of inter-	and the second standards are	t is the estimated value?	
collateral for the loan? No Yes If yes, specify:			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above wa	as pledged for this loan, or if the amou	nt pledged does not equal or exceed	
the loan amount, state the basis upon which this loan	was made and the basis on which it	assures repayment.	
G. COMMITTEE TREASURER	1	DATE	
Typed Name		<u> </u>	
Signature		<u> </u>	
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 to are accurate as stated above.	erms of the loan and other information	regarding the extension of the loan	
 The loan was made on terms and conditions (in similar extensions of credit to other borrowers of 	f comparable credit worthiness.	·	
III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis which	h assures repayment, and has s loan.	
AUTHORIZED REPRESENTATIVE	1 7	DATE	
Typed Name Signature		M	
Signatura 11	ine	Leas bead lacased	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

R LINE NUMBER:		
eck only one)		9
	П	10

OF

xciuair	ig Loans		numt	pered line)	□ 10
NAME O	COMMITTEE (In Full)				
Indi	ana Chamber G	inaressional A	Fron	Committee	
A. Fu	Ill Name (Last, First, Middle Initial) of Det			Nature of Debt (Purpose):	
Mailin	g Address				
City	State	Zip Code			
<u> </u>	······································			·	
Out	standing Balance Beginning This Period				
	Amount Incurred This Period	Payment This Period		Outstanding Balance at C	
				,	:1
<u> </u>				<u></u>	
18. Ful	Name (Last, First, Middle Initial) of Debi	tor or Creditor		Nature of Debt (Purpose):	
Mailin	g Address				
City	State	Zip Code			
<u> </u>					
	standing Balance Beginning This Period				
	! !!				
	Amount Incurred This Period	Payment This Period		Outstanding Balance at C	
	<u></u>		I.		lį.
C E	ull Name (Last, First, Middle Initial) of Del			Nature of Debt (Purpose):	
	uli Mairie (Last, Filst, Miccie Ilitiai) di Dei	otor or orealtor		Nature of Debt (Pulpose).	
Mailin	a Address				
Mailin	g Address				
City		State Zip Code	· · · · ·		
-	standing Balance Beginning This Period			<u> </u>	
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[=	Amount Incurred This Period	Payment This Period		Outstanding Balance at C	
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1) SUB	TOTALS This Period This Page (optional)		>	<u> </u>	<u>=1-0 (2-1 d</u>
2) TOT	ALS This Period (last page this line numb	per only)		· ii	Ï
				(
3) TOT	AL OUTSTANDING LOANS from Schedu	le C (last page only)		70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM	4 2 2
IAME OF COMMITTEE (In Full)		
	FEC IDENTIFICATION NUMBER	
Indiana Chamber Congressiona) Afron Commerce Check if 24-hour notice 48-hour notice	nite C 004 0559	4
Full Name (Last, First, Middle Initial) of Payee	Date	
	[รั⊬⊽-":
Mailing Address	W W / 0 TO / Y T Y W	
	Amount	
City State Zip Code	The contraction of articles	::=::a
Purpose of Expenditure Category/	Office Sought: House State:	
Type	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	Check One: Support Oppos	Se
Calendar Year-To-Date Per Election	Disbursement For: Primary Gener	al
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
	Pare Pa	5.5 v =1
Mailing Address		
This is a second of the second	Amount	
City State Zip Code		<u></u>
	<u> </u>	j
Purpose of Expenditure Category/	Office Sought: House State:	
Type Type	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	Check One: Support Dppos	s e
Calendar Year-To-Date Per Election	Disbursement For: Primary Gener	ral
tor Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	 	√]
(a) OOD TO THE OF INDIFFERENCE EXPONENTIAL CO.	. <u> </u>	السيي
(b) SUBTOTAL of Unitemized Independent Expenditures		·
	<u> </u>	<u>i</u>] ˈ
(c) TOTAL Independent Expenditures	क्षा १ 🛌 । - 🛌 ।	
	<u>محرم بالديد «سعمت سيمسمين</u>	الحد
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
 .		
Signature Date	' Result that I have be	
·	·	_

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE				PAGE	OF
2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)			FOR LINE 25	OF FORM 3X	
NAME OF COMMITTEE (In Full)					
Indiana Chambo	- (onan	essional Ash	on Commi	Hee	:
Has your committee been designated to m coordinated expenditures by a political part	ake ŲiFu	Il Name of Subordinate Comm	ittee		
YES NO	y committee?				i
If YES, name the designating committee:	Ma	alling Address			
	Ci	ty	Sta	te ZIP (Code
		•			
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	enditure	
					Category
Mailing Address			Date		Туре
City	State	Zip Code		ميدا ، لوم	<u>*****</u>
Name of Federal Candidate Supported	1 am a				<u></u>
or i sucrai candidate supported	Office Sought:	House State: Senate District:	Amount		
		Presidential	— I II	<u></u>	<u>انت حب</u>
Aggregate General Election Expenditure for this Candidate					
		<u>^</u>			
Full Name (Last, First, Middle Initial) o	Each Payee		Purpose of Exp	enditure	
					Category/
Mailing Address			Date		Туре
City	State	Zip Code	_	محا ۱ لومو	<u> </u>
Name of Federal Candidate Supported	Office County	I Turne I State		<u></u> <u> </u>	<u></u>
	Office Sought:	House State: Senate District:	Amount		
Presidential					
Aggregate General Election Expenditure for this Candidate ▶					
					<u> </u>
Full Name (Last, First, Middle Initial) o	Each Payee		Purpose of Exp	enaiture	
	<u></u>				Category/
Mailing Address			Date		Туре
City	State	Zip Code	 1	<u> </u>	~
Name of Federal Candidate Supported	Office Saucht	House I State:		<u> </u>	
St. Sastal Salizadate Supported	Office Sought:	House State: Senate District:	Amount		
		Presidential			
Aggregate General Election Expenditure for this Candidate	·	 			
	<u></u>				
SUBTOTAL of Expenditures This Page (o	ntional)				
CODIONE OF EXPONUNCION THIS PAGE (0					
TOTAL This Period (last page this line nu	mber only)	,	· >		

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)	
Indiana Chamber Congressional Action Committee	
USE ONLY ONE SECTION, A or B	
A. State and Local Party Committees	
Fixed Percentage (select one)	
Presidential-Only Election Year (28% Federal)	
Presidential and Senate Election Year (36% Federal)	
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Federal)	
B. Separate Segregated Funds and Nonconnected Committees	
Flat Minimum Federal Percentage	ļ
If the committee will allocate using the flat minimum percentage of 50% federal funds, check $igsqcut b$ or	
If the committee is spending more than 50% federal funds, indicate ratio below	
Federal%	
Nonfederal%	
This ratio applies to (check all that apply):	
Administrative 🔲 Generic Voter Drive 🔲 Public Communications Referencing Party Onl	ly 🗍

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
Indiana (hamber Congressional Action	(ommittee	
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 meth expenses must equal the federal proportion of monies raised. 	od" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commission federal and nonfederal candidates, regardless of whether there is a real are allocated using a time/space method.	t derived by federal cand unications or voter drives	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	EEDEDAI W	NONEEDEDAL 9/
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
- Carrie as 1 totales 1 totales		
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	5505041	NONETREBAL
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u></u> %	<u> </u>
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	<u> </u>	
CHECK IF THE RATIO IS:	<u> </u>	<u></u> %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	<u> </u>	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %

Same as Previously Reported

ACTIVITY IS:

Fundraising

New

CHECK IF THE RATIO IS:

Revised

Direct Candidate Support

10030362950

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

PAGE	OF		
FOR LINE	18a OF	FORM	зх

AME OF COMMITTEE (In Full)		
ndiana Chamber Cond	ressional Astron	Committee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF TRANSFER RECEIVED		TOWNER TO THE CONTROL OF THE PROPERTY OF THE P
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ii) Generic Voter Drive		[<u>^</u>
iii) Exempt Activities		
iv) Direct Fundralsing (List Activity or Event Ide	ntifier)	
a)		
1		<u>~</u>
b)		
c) Total Amount Transferred For Direct Fundra	ising	
v) Direct Candidate Support (List Activity or Ev	ent Identifier)	
		<u></u>
a)	<u></u>	
b)		
3)	. <u> </u>	<u></u>)
c) Total Amount Transferred For Direct Candid	late Support	<u></u>
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS FO	R BREAKDOWN OF TRANSFER REC	EIVED
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TOTAL This Period (Administrative)	<u> </u>	<u></u>
TOTAL This Period (Generic Voter Drive)), 0 0 5 - - 	
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TOTAL This Period (Exempt Activities)	<u> </u>	x
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TOTAL This Period (Direct Fundraising)	<u>Ŀ</u> _	أساء كسيدي ومناجية بالمناف بالأحاصية وحاميية وتراسا
TOTAL This Period (Direct Candidate Support)		
TOTAL THIS FORMUL (DIRECT CARRIAGE SUPPORT)	<u></u>	Comment of the Commen
TOTAL This Period (Public Communications Referring	Only to Party)	Lancon or or or or or
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TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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NA	ME OF COMMITTEE (In Full)		
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Α.	Full Name (Last, First, Middle Initial)		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
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	The state of	1 1
	Activity or Event Identifier:	The second	Lander Dark and a Dark at a seco
	•	Category/ Type	Date Mow / Dob / Y JY JY
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	<u> </u>	<u></u>	
<u></u> В.	Full Name (Last, First, Middle Initial)		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
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<u></u>	Full Name (Last, First, Middle Initial)	_ ·	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
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	(
			<u> </u>
	Activity or Event Identifier:	Category/ Type	Date
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	FEDERAL SHARE + NONFEDER/		= 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 3	

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<u>i Idiana</u>	Chamber Cov		ACTION L	ommittee
NAME OF A	CCOUNT	DATE OF RECEIPT	/ HVF-17V477VF71.4811	TOTAL AMOUNT TRANSFERRED
	ı			in
BREAKDOV	VN OF THIS TRANSFER		VOTER REGISTR	ATION
i)	Voter Registration			
	Total Amount Transferred for Voter	Registration	ം .4 0 പ്രധ ചാപ്	andrea i
ii)	Voter ID			OTER ID Name of the Comment of the Comment
	Total Amount Transferred for Voter	ID	<u> </u>	
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,	Total Amount Transferred for GOT	<i>!</i>		
			<u> </u>	GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity Total Amount Transferred for Generation	ric Campaign Activity	Ī	<u>-::::::::::::::::::::::::::::::::::::</u>
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NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
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BREAKDOV	VN OF THIS TRANSFER			
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	Total Amount Transferred for Voter	Registration		
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11)	Voter ID Total Amount Transferred for Voter	ID		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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iii)	GOTV	,	[
	Total Amount Transferred for GOT	/	<u> </u>	
iv)	Generic Campaign Activity		; <u>r</u>	GENERIC CAMPAIGN ACTIVITY
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TOTA	L This Period (Generic Campaign A	ctivity)		,,
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE	OO- OF FORM O

AME OF COMMITTEE (In Full)	<u></u>			
<u>ndiana (Namber Congressiona</u>	Committee			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:			
		Voter Registration GOTV Voter ID Generic Campaign		
		Voter ID Generic Campaign		
Moiling Address		Allocated Activity or Event Year-To-Date		
Mailing Address		The state of the s		
City State Zip Code				
Purpose of Disbursement	Category/	Mark / Dar / Yak Yav		
	Туре	Date Land La		
	N SHARE	= TOTAL AMOUNT		
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Liverana and the second second	<u></u>			
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:		
		Voter Registration GOTV		
		Voter ID Generic Campaign		
		Allocated Activity or Event Year-To-Date		
Mailing Address		Supposed Southly of Event Total To Date		
City State Zip Code				
Purpose of Disbursement	Category/	<u> </u>		
	Type	Date [] []		
FEDERAL SHARE + LEV	IN SHARE	= TOTAL AMOUNT		
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	· · · · · · · · · · · · · · · · · · ·	Type of Allocated Activity or Event: Voter Registration GOTV		
C. Full Name (Last, First, Middle Initial) / Full Organization Name	· · · · · · · · · · · · · · · · · · ·	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign		
	· · · · · · · · · · · · · · · · · · ·	Type of Allocated Activity or Event: Voter Registration GOTV		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	· · · · · · · · · · · · · · · · · · ·	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name	· · · · · · · · · · · · · · · · · · ·	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Category/	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEV	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT		
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEV	Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT		
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C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEV	Category/ Type	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT		
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C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement FEDERAL SHARE + LEV SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEV OTAL This Period (last page for each line only)(Federal share to 30(a) FEDERAL SHARE	Category/ Type IN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT		
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

AME OF COM	MITTEE (In Full) Chamber Condount	gressional Action (o	mmittee
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(b) V	oter ID		
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	eneric Campaignotal		
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	CASH ON HANDt Line 10 From Line 9)	'11	
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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF
FOR LINE NUMBER: [1a [

		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) Indiana Chamber Congressional Agricon Committee				
<u>_</u>	Full Name (Last, First, Middle Initial) / Full Organization Name	JON MAINI	Date of Receipt		
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_			Amount of Each Receipt this Period		
	City State	Zip Code			
١	Name of Employer or Principal Place of Business		Aggregate Vegrato-Date		
,	Occupation		Aggregate Year-to-Date		
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D.	Tamb (2004 - 1104, Thouse milian) / Full Organization Name		Date of Receipt		
ì	Mailing Address		<u> </u>		
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBI	PAGE			OF	
(check only one)			_	1.	
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		4h		44	

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d			
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)					
Full Name (Cast, First, Middle Initial) / Full Organization Name	ssional Achion	n Committee			
A.		Date of Disbursement			
Mailing Address		WWW. CODE / YEVEY			
City State	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Dishuss			
В.		Date of Disbursement			
Mailing Address					
City State	Zip Code	Amount of Each Disbursement this Period			
Purpose of Disbursement					
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City State	Zip Code	Amount of Each Disbursement this Period			
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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)	•				
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING IT The FEC added this page to the end of this filing to indicate h	l l
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	atiòn™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): トモムモン	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Jub)	7/12/10
PŘEPARER (3/2005)	DATE PREPARED