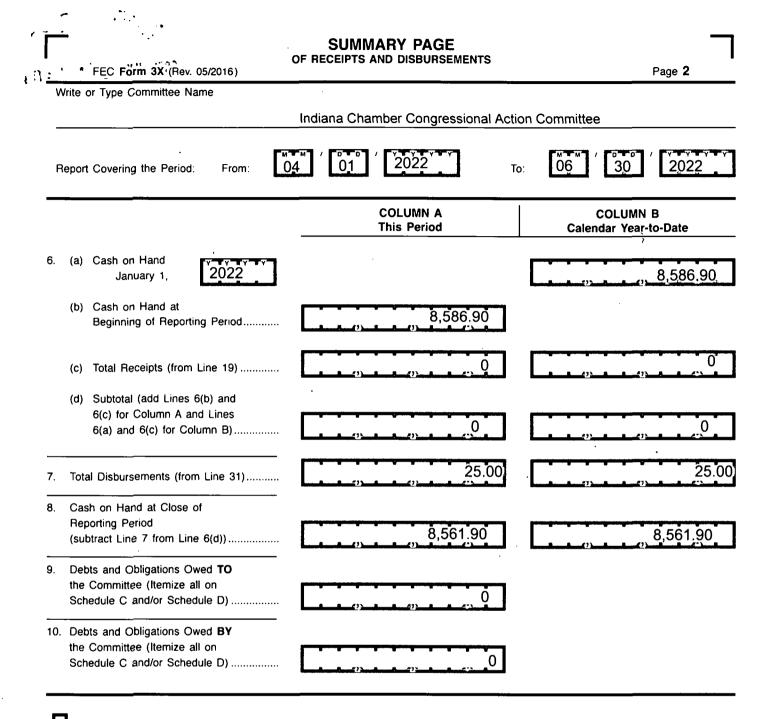
	EPORT OF RECE ND DISBURSEME Other Than An Authorized Co	INTS		RECEIVED CMAILCENTER UL 12 AMII: 04
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V Example over the	: If typing, type lines.	12FE4M5]
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ADDRESS (number and street)	I 15 WEST WASHINGTON S	STREET, SUITE	850S	
Check if different than previously reported. (ACC)	INDIĄNAPOLIS		IN 46204	لــــــــــــــــــــــــــــــــــــ
2. FEC IDENTIFICATION NUM		S	TATE Z	
C 00405597	3. IS THIS REPORT		AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	PRE-Election Report for the: Con Election on (d) 30-Day POST-Election Report for the: Election on	May 20 (M5) Jun 20 (M6) Jul 20 (M7) Hary (12P) Vention (12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S) n the State of
5. Covering Period		nrough	′ 30° ′ 2022	
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my knowledg	ge and deliet it is true	, correct and complete	
Signature of Treasurer	Mamy	Da	ite 07 0	8 2022
NOTE: Submission of false, erroneous Office Use Only	s, or incomplete information may subject	the person signing this	FEC	of 52 U.S.C. § 30109. FORM 3X 2. 05/2016



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

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

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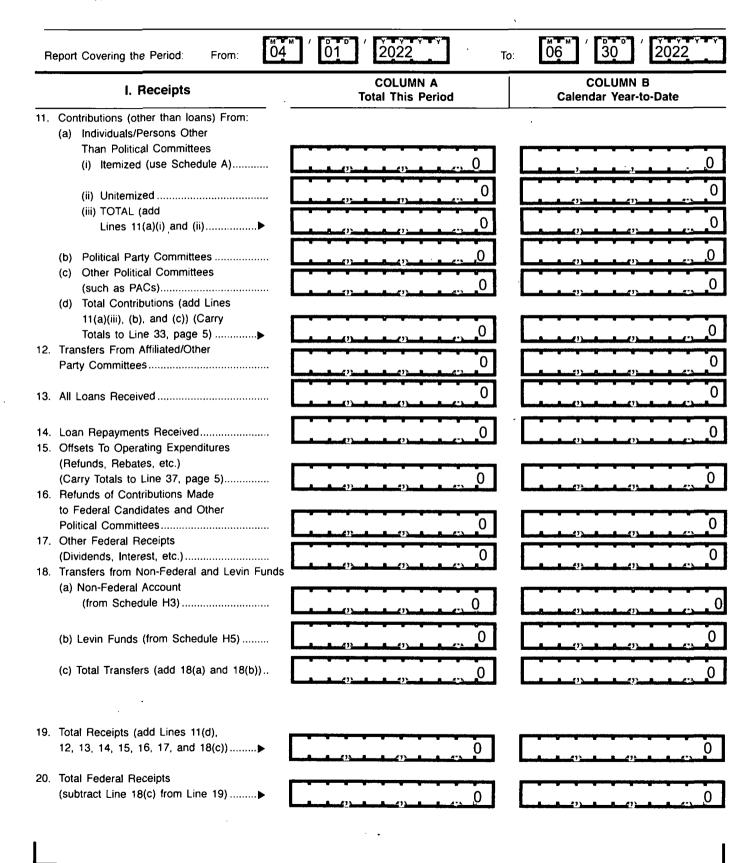
DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name



DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

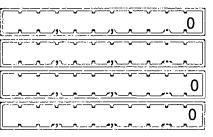
Total This Period

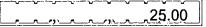
FEC Form 3X (Rev. 05/2016)

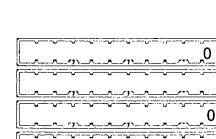
Activity (from Schedule H4)

II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal

- Federal Share (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees... 24. Independent Expenditures 25.
- (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....
- 26. Loan Repayments Made
- Individuals/Persons Other Than Political Committees ... (a)
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs).....
 - (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........
- 29. Other Disbursements (Including Non-Federal Donations).....
- 30. Federal Election Activity (52 U.S.C. § 30101(20))
 - (a) Allocated Federal Election Activity (from Schedule H6)
 - (i) Federal Share
 - (ii) "Levin" Share.....
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

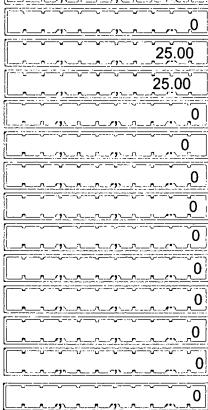


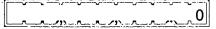


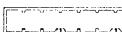












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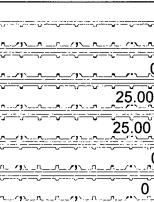
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COLUMN B

Calendar Year-to-Date

Page 4

n



2022-07-13-03-00410941

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

- 33. Total Contributions (other than loans) (from Line 11(d), page 3)

- (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures

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Page 5

COLUMN B Calendar Year-to-Date

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	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
- •			Detailed Summary Page			11a		11b		11c	12	—
Δ.	Any information copied from such Reports and Statements ma		w not be cold or used by acces		1	13 r tho		14	_	15 liciting	16	17
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	solic	i ine cit co	ntrib	utions	s fron	n such	commi	itee.
	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	Indiana Chamber Congressi	onal Acti	on Committee									
Α.	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name				(De					
м.	Mailing Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·		F i	ate o MTM	тне "] /	ceipt	0	/	Y Y Y	•••• • •
	City	State	Zip Code		L	-				L	<u> </u>	
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	FEC ID number of contributing federal political committee.	С			Γ					412		
	Name of Employer (for Individual)	Occu	upation (for Individual)		Ē	М	emo	Item				
	Descipt Four		-									
	Receipt For:	Aggregate	Year-to-Date ▼	,								
	Other (specify) V		() <u>}()</u>]								
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	+								
В.	Mailing Address				Da	ate o	fRe	ceipt			N77 - 1014	
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	City	State	Zip Code	┝	Ar	noun	t of	Each	Rec	eipt thi	s Period	
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	federal political committee.		<u></u>					<u> ()</u>		<u></u>	فصالحها	·
	Name of Employer (for Individual)	Occi	upation (for Individual)		L	м	emo	Item				
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	Primary General Other (specify) ▼]								
	,	Landinudan	<u> ()</u>	┛								
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Da	ate of	f Re	ceipt				
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	City	State	Zip Code		L							
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s	UBTOTAL of Receipts This Page (optional)				Γ							
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SCHEDULE B (FEC Form 3X)										1	4 0
	Use ser	Use separate schedule(s) FOR LINE			NUMBER: PAGE 1 OF 2						
ITEMIZED DISBURSEMENTS	for each	for each category of the			oniy 21b	one)		7 23		26 L	<u>ا 27</u>
	Detailed	Summary Page			28a	28b	\vdash	28c	Н	29	306
Any information copied from such Reports and St or for commercial purposes, other than using the				any	perso	n for the		pose (L. liciting c	ontributions
NAME OF COMMITTEE (In Full)							-				
Indiana Chamber Congressio	nal Action	Committee									
Full Name (Last, First, Middle Initial)						- <i>i</i>		- 1-			
A. J.P Morgan Chase							n Di T	sburse	0	/	· · · · · · · · · · · · · · · · · · ·
Mailing Address 1 E. Ohio Street						04	1	0	1	202	2
City Indianapolis	State IN	Zip Code 46	5204			FEC lo	lenti	ificatio	n Nu	mber	
Purpose of Disbursement	I				┓┤	С					
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	irsement For:	I	.,	<u> </u>	\neg					- •	10,00
Senate President	Primary Other (spe	General									
State: District:							emo	ltem			
Full Name (Last, First, Middle Initial)											
B. J.P. Morgan Chase						Date o	f Di	sburse	emen	t	
Mailing Address	<u>.</u>				\neg	04	1′	° 29	D	′ 202	2
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City Indianapolis	State IN	Zip Code 4620	04			FEC lo	lenti	ificatio	n Nu	mber	
Purpose of Disbursement					┓┤	С					
Account fee	Account fee 001						.				-AA
Candidate Name			Cate Ty	gory pe	/	Amoun	it of	Each	Disb	ursemei	nt this Period
Office Sought: House Disbu	irsement For.		,	<u> </u>	\dashv						5.00
Senate	Primary	General									
President State: District:	Other (spe	есту)				Me	emo	ltem			
Full Name (Last, First, Middle Initial)											
C. J.P. Morgan Chase						Date o	f Di	sburse	men		
Mailing Address					\neg	05	1′	3	o	ź 202	2
1 E. Ohio Street											
City Indianapolis	State IN	Zip Code 462	204			FEC Io	lenti	ficatio	n Nu	mber	
Purpose of Disbursement	1				-	С					
Account fee 001						-					
			Cate Ty	gory pe	/	Amoun	t of	Each	Disb	ursemer	nt this Period
	rsement For.							() <u>)</u>		<u></u>	5.00
Senate President	PrimaryGeneral										
State: District:		scily) V				Me	emo	ltem			
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SUBTOTAL of Disbursements This Page (optiona	al)				▶			0 3 8		() <u>}</u>	
TOTAL This Period (last page this line number of	only)			•••••	►						

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)							
	Detailed Summary Page	21b 22 23 26 27 28a 28b 28c 29 30b							
Any information copied from such Reports and Statem	ents may not be sold or used	by any person for the purpose of soliciting contributions							
		committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)									
/									
Full Name (Last, First, Middle Initial)									
A. J.P. Morgan Chase		Date of Disbursement							
Mailing Address									
1 E. Ohio Street									
City Indianapolis S	itate Zip Code IN 46204	FEC Identification Number							
Purpose of Disbursement									
Account fee									
Candidate Name		Category/ Amount of Each Disbursement this Period							
Office Sought: House Disburser	ent For:	<u>5,00</u>							
	Primary General								
State: District:	Other (specify)	Memo Item							
Full Name (Last, First, Middle Initial)	*								
В.		Date of Disbursement							
Mailing Address									
City	tate Zip Code	FEC Identification Number							
Purpose of Disbursement									
Candidate Name	-testa testa								
		Category/ Amount of Each Disbursement this Period							
Office Sought: House Disbursem									
	Primary General Other (specify)								
State: District:	other (specify)	Memo Item							
Full Name (Last, First, Middle Initial)									
C.		Date of Disbursement							
Mailing Address									
City	tate Zip Code	FEC Identification Number							
Purpose of Disbursement									
Candidate Name									
		Category/ Amount of Each Disbursement this Period							
Office Sought: House Disbursem									
	Primary General Other (specify) ▼								
State: District:	······································	Memo Item							
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)								
TOTAL This Period (last page this line number only).		,,_,							
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FEC Schedule B (Form 3X) Rev. 05/2016

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SCHEDULE C (FEC Form 3X) LOANS

	Detailed Summary Page	FOR LINE 13 OF FORM 3X			
sional Action Com	nittee				
Aiddle Initial)	Memo Item	Election: Primary General			
		Other (specify) ▼			
State ZIP C	ode	·			
Cumulative Payment To	D Date Balance	ce Outstanding at Close of This Period			
Date Due Due Due Due Due V to Loan Source		Secured:			
	Occupation				
ZIP Code	Amount Guaranteed Outstanding:	- <u></u>			
I , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Employer				
	Occupation				
ZIP Code	Amount Guaranteed Outstanding:				
	Name of Employer				
	Occupation				
ZIP Code	Amount Guaranteed Outstanding:				
	Name of Employer				
	Occupation				
ZIP Code	Amount Guaranteed Outstanding:	£13 <u></u>			
nly)		rd to appropriate line of Summarv.			
	Aiddle Initial)	State ZIP Code Cumulative Payment To Date Balance Cumulative Payment To Date Balance Date Due Interest Rate MTM (DTD) (YYYYYY) Interest Rate Interest Rate MTM (DTD) (YYYYYY) Interest Rate Interest Rate MTM (DTD) (YYYYYY) Interest Rate Occupation ZIP Code Amount Guaranteed Outstanding: Varianteed Occupation ZIP Code Amount Guaranteed Outstanding: Varianteed Occupation			

FEC Schedule C (Form 3X) Rev. 05/2016

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FR	OM LENDING INSTITUTION	S	Supplementary for Information found on
Federal Election Commission, Washington, D.C. 204	53		Page <u>1</u> of Schedule C
NAME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER
Indiana Chamber Congr	essional Action Committee	C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	i i i	
Mailing Address	Date Incurred or Established		/ · · D · · / · · · · · · · · · · · · ·
City State Zip Code	e Date Due		
	es If yes, date originally incurre	he he	
Amount of this Denue	Total Outstanding Outstanding Balance:	1	a - Contractor and a contractor and a second se
C. Are other parties secondarily liable for the d	ebt incurred? antors must be reported on Schedule C.)	,
 D. Are any of the following pledged as collatera property, goods, negotiable instruments, certi stocks, accounts receivable, cash on deposit No Yes If yes, specify: 	ificates of deposit, chattel papers,		e value of this collateral?
		interest in	
E. Are any future contributions or future receipt collateral for the loan? No Yes	s of interest income, pledged as If yes, specify:		ne estimated value? Company of the second of the second
A depository account must be established pit to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ursuant Location of account:		
Date account established:	Address		
	City, State, Zip.		
F. If neither of the types of collateral described the loan amount, state the basis upon which			
G. COMMITTEE TREASURER		DATE	
Typed Name Signature		M 14 1001	
H. Attach a signed copy of the loan agreemen	t	·	
are accurate as stated above. II. The loan was made on terms and cond similar extensions of credit to other bor III. This institution is aware of the requiren	ge, the terms of the loan and other infor ditions (including interest rate) no more f rrowers of comparable credit worthiness.	avorable at t is which ass	the time than those imposed for sures repayment, and has
AUTHORIZED REPRESENTATIVE	······································	DATE	
Typed Name Signature	Title	<u> </u>	

SCHEDULE D (FEC Form 3X)		[PAGE 1 OF 1			
DEBTS AND OBLIGATIONS			(Use separate schedule(s)				
Excluding Loans		for each	(check only one) 9				
			numbered line)				
NAME OF COMMITTEE (In Full) Indiana Chamber Congressi	ional Acti	ion Committee					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
	1 01-1-						
City	State	Zip Code					
Outstanding Balance Beginning This Period			· · · · ·				
Amount Incurred This Period	Pa	yment This Period	Outstandi	an Ralance at Cloce of This Period			
	Fa	yment mis renou		ng Balance at Close of This Period			
	·····						
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
	-						
City	State	Zip Code					
Outstanding Balance Beginning This Period	_ I		I				
	_						
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
Outstanding Delegan Desiration This Desirat	ļ						
Outstanding Balance Beginning This Period							
<u></u>							
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period			
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1) SUBTOTALS This Period This Page (optional)							
2) TOTALS This Period (last page this line number of	only)		▶ ┣	<u></u>			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)		······································			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page on	iy) ►	() <u>}</u>			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER V
Indiana Chamber Congressional Action	on Committ	tee	C
Check if 24-hour report 48-hour report	> New repo	ort Amends repo	rt filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee	- · · .	Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
Name of Federal Candidate:		Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	v v v v		Disbursement For: □ Primary General □ Other (specify) ►
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	()		Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			
(a) SUBTOTAL of Uniternized Independent Expenditure	95		
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized		
		_ Date	
Signature			tenetimet territerit hereitentereteret

FEC Schedule E (Form 3X) Rev. 0/2016

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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 be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X								
AME OF COMMITTEE (In Full)								
Indiana Chamber Congressional Action Committee								
as your committee been designated to make bordinated expenditures by a political party cor YES NO	nmittee?			ordinate Committee				
YES, name the designating committee:		Mailing	Address					
		City				State	ZIP Code	
Full Name (Last, First, Middle Initial) of Eac	h Payee			Memo Item	Purpose of E	Expenditure	Category/	
Mailing Address					Date		Туре	
City	State	·	Zip Code	_			ŶŶŶŶŶŶ	
Name of Federal Candidate Supported Of	fice Sough		House Senate Presidential	State: District:	Amount		• • • • •]	
Aggregate General Election Expenditure for this Candidate ►	?),); <u> </u>		L	<u></u>		
Full Name (Last, First, Middle Initial) of Eac	h Payee			Memo Item	Purpose of E	Expenditure	Category/	
Mailing Address					Date		Туре	
City	State		Zip Code				ŶŦŶŦŶŦŶ	
Name of Federal Candidate Supported Of	fice Sough		House Senate	State: District:	Amount		·····	
Aggregate General Election Expenditure for this Candidate ►	<u></u>		Presidential			<u></u>	<u></u>	
Full Name (Last, First, Middle Initial) of Eac	h Payee			Memo Item	Purpose of E	Expenditure	Category/	
Mailing Address					Date		Туре	
City	State		Zip Code			D D /	YYYYY	
Name of Federal Candidate Supported Of	fice Sough		House Senate Presidential	State: District:	Amount			
Aggregate General Election Expenditure for this Candidate ►	-) <u></u>				0	
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TOTAL This Period (last page this line number	only)			•••••				

FEC Schedule F (Form 3X) Rev. 05/2016

PAGE

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OF

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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

Indicate	ratio	below
----------	-------	-------

Federal		%	
Nonfederal			
This ratio applies to	(check all that apply):		
Administrative	Generic Voter Drive	Public Communications Referencing I	Party Only

SCHEDULE H2 (FEC Form 3X) A

LLOCATION RATIOS	PAGE 1 OF 1					
VAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.						
Aethods of allocation:						
 FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of monies raised. 	ortion of					
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candida tivity. For PACs Only: Direct candidate support includes public communications or voter drives th federal and nonfederal candidates, regardless of whether there is a reference to a political party. are allocated using a time/space method.	ates from the ac- nat refer to both					
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%					
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %					
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%					
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %					
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u> </u>					
ACTIVITY OR EVENT IDENTIFIER	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 CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %					

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

			FOR LINE 18a OF FORM 3X
NAME (OF COMMITTEE (In Full)		
	Indiana Chamber Congress	ional Action Committee	•
NAN	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			· · · · · · · · · · · · · · · · · · ·
BRE	AKDOWN OF TRANSFER RECEIVED		
ij	Total Administrative		
ii)	Generic Voter Drive		
{			
iii)	Exempt Activities	•	······································
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)	
			-
	a)		
			-
	b)		
	c) Total Amount Transferred For Direct Fundra	ising	
(v)	Direct Candidate Support (List Activity or Ev	ent Identifier)	
			, ,
	a)		
			1
	b)]
	a) Tatal Amount Transforred For Direct Condid		
	c) Total Amount Transferred For Direct Candid	ate Support	
vi)	Public Communications Referring Only to F	Party (Made by PAC)	
1,		B BREAKDOWN OF TRANSFER RECEIVE	
TOTAL	This Period (Administrative)		
			and and a set of the s
TOTAL	This Period (Generic Voter Drive)		<u></u>
		·····	
TOTAL	This Period (Exempt Activities)	·····	
		······································	
TOTAL	This Period (Direct Fundraising)) <u></u> _
		[-•	
TOTAL	This Period (Direct Candidate Support)	·····	
TOT	This Devied (Dublis Communications Defension		
IUIAL	This Period (Public Communications Referring		
τοται	This Period (Total Amount Transferred)		

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FEC Schedule H3 (Form 3X) Rev. 05/2016

PAGE 1 OF

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1 .

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Chamber	Congressional	Action Comr	nittee

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	6				
A.	Full Name (Last, First, Middle Initial)	- in		Memo Item	Allocated Activity or Event:
	Mailing Address			•	Administrative Fundraising Exempt
	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:			Category/	
				Туре	Date
	FEDERAL SHARE	+ !	NONFEDERAL	. SHARE	= TOTAL AMOUNT
<u>—</u> В.	Full Name (Last, First, Middle Initial)		<u> </u>	Memo Item	Allocated Activity or Event:
D .					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:			[
	Activity or Event Identifier:				
				Category/ Type	
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
<u>c.</u>	Full Name (Last, First, Middle Initial)		<u>;</u> ;	Memo Item	Allocated Activity or Event:
0.					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
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	1 +	NONFEDERAL	SHARE	= TOTAL AMOUNT
		مىرىكىيىيە كەرسىيە تەرىپىيە ت تەرىپىيە تەرىپىيە تەرى		A	
SI	UBTOTAL of Allocated Federal and NonFederal	Activity This P	'age		
	FEDERAL SHARE	+ •	ONFEDERAL	SHARE	= TOTAL AMOUNT
			 ? <u>}</u>		
т	OTAL This Period (last page for each line only)(
	FEDERAL SHARE	N	NONFEDERAL	SHARE	TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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	D FEDERAL ELECT by State, District and Lo		es Only)	PAGE FOR LIN	1 OF 1 E 18b OF FORM 33
	MMITTEE (In Full) ndiana Chamber Cong	gressional Action C	Committee	····•	
NAME OF A	CCOUNT		/ [``````]		ISFERRED
BREAKDOV	VN OF THIS TRANSFER		I		
i)	Voter Registration		VOTER REGISTR	ATION	
	Total Amount Transferred for V	oter Registration			
			V(DTER ID	
)	Voter ID Total Amount Transferred for V	istor ID			
	Total Amount Transierred for V				
iii)	GOTV		.	GOTV	
	Total Amount Transferred for G	OTV		_1818*	
	Canadia Comunities Antibite			GENERIC CAMPAIGN ACTI	VITY
10)	Generic Campaign Activity Total Amount Transferred for G	eneric Campaion Activity	Г	****	
		ienene oampaign neuvity			
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRAN	SFERRED
			/ F Y T Y T Y T Y T	F	
				······································	
BREAKDOV	WN OF THIS TRANSFER	I			
	Voter Registration		VOTER REGISTR	ATION	
i)	Total Amount Transferred for V	oter Registration			
				DTER ID	
ii)	Voter ID				
	Total Amount Transferred for V	oter ID			
	60TV			GOTV	
""	GOTV Total Amount Transferred for G	OTV		* * * * * * * * *	
			· •		
iv)	Generic Campaign Activity		–	GENERIC CAMPAIGN ACTI	
	Total Amount Transferred for G	eneric Campaign Activity			
	TOTALS FOR	BREAKDOWN OF TRANS	SFER RECEIVED (La	ist Page Only)	
TOTAI	L This Period (Voter Registration	n)			
ΤΟΤΑΙ	L This Period (Voter ID)				
TOTAL	- This Period (GOTV)			() <u>) A. A. ()) A. A. ()</u>	
ΤΟΤΑΙ	L This Period (Generic Campaig	n Activity)			
TOTAL	- This Period (Total Amount of	Transfers Received)			
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FEC Schedule H5 (Form 3X) Rev. 05/2016

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R ALLOCATED FED	FEDERAL A DERAL ELEC	TION ACTIVIT	1 T ·	PAGE 1 OF 1
be used by State, Dist	rict and Local	Party Committee	es Only)	FOR LINE 30a OF FOR
ME OF COMMITTEE (In Full)				
Indiar	na Chamber C	Congressional /	Action Comm	nittee
A. Full Name (Last, First, Midd	lle Initial) / Full Org	anization Name	🗌 Memo Iten	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Carr
Mailing Address		<u>_</u> ,		Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	J		Category/ Type	
FEDERAL SHA	RE +	LEVIN	SHARE	
		J		
B. Full Name (Last, First, Midd	Ile Initial) / Full Org	anization Name	Memo Iter	n [·] Type of Allocated Activity or Event: Voter Registration GOTV
				Voter ID Generic Can
Mailing Address				Allocated Activity or Event Year-To-Date
waning Address				
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	
FEDERAL SHA	 RE +		SHARE	= TOTAL AMOUNT
	<u> </u>		······································	
		······································	······································	
C. Full Name (Last, First, Midd	lle Initial) / Full Org	anization Name	🗌 Memo Iter	n Type of Allocated Activity or Event:
				Voter ID Generic Can
Mailing Address				Voter ID Generic Can Allocated Activity or Event Year-To-Date
Mailing Address				
Mailing Address City	State	Zip Code		
	State	Zip Code	Category/ Type	
City			Category/ Type SHARE	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement			Туре	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement			Туре	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHA	RE +	LEVIN 273	Type SHARE	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHAI	RE +	LEVIN 273	Туре	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHAI BTOTAL of Shared Federal an FEDERAL SHAI	RE +	LEVIN s Page LEVIN	Type SHARE SHARE	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHA	RE + d Levin Activity This RE + each line only)(Fed	LEVIN s Page LEVIN	Type SHARE SHARE	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHAI BTOTAL of Shared Federal an FEDERAL SHAI TAL This Period (last page for	RE + d Levin Activity This RE + each line only)(Fed	LEVIN s Page LEVIN	Type SHARE SHARE	Allocated Activity or Event Year-To-Date
City Purpose of Disbursement FEDERAL SHAI BTOTAL of Shared Federal an FEDERAL SHAI TAL This Period (last page for	RE + d Levin Activity This RE + each line only)(Fed RE	LEVIN s Page LEVIN	Type SHARE SHARE	Allocated Activity or Event Year-To-Date

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FEC Schedule H6 (Form 3X) Rev. 05/2016

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

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

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~	CHEDULE L-A (FEC Form 3X)					
ITEMIZED RECEIPTS OF LEVIN FUNDS		for e	separate schedule(s) each category of the regation Page	PAGE 1 OF 1 FOR LINE NUMBER: 1a 2 (check only one) 1a 2		
	y information copied from such Reports and Statements may not for commercial purposes, other than using the name and addres					
\rangle	NAME OF COMMITTEE (In Full) Indiana Chamber C	ongre	essional Action C	Committee		
<u>×</u> .	Full Name of Individual (Last, First, Middle Initial) or Full Organia	ame 🗌 Memo Item				
	Mailing Address					
	City State	<u>,</u>	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)	Occupation (for Individual)				
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organia	ame 🗌 Memo Item	Date of Receipt			
	Mailing Address					
	City State	9	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)					
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organia	zation N	ame 🗌 Memo Item	Date of Receipt		
	Mailing Address			Amount of Each Receipt this Period		
	City State	9	Zip Code			
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)			()()		
D.	Full Name of Individual (Last, First, Middle Initial) or Full Organiz	zation N	ame 🗌 Memo Item			
	Mailing Address			Amount of Each Respirit this Revied		
	City State)	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	-	- ·	Aggregate Year-to-Date		
	Occupation (for Individual)					
s	UBTOTAL of Receipts This Page (optional)		····· •			
Γ	OTAL This Period (last page this line number only)					

FEC Schedule L-A (Form 3X) Rev 05/2016

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	: [F	PAGE	1	OF	1
(check only one)] 4a 4b	Г	4c		
n for the purpose of s	olici	ting c	ontrib	utior	IS

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	y information copied from such Reports and Sta for commercial purposes, other than using the r				
Ν	NAME OF COMMITTEE (In Full)				· · · · · · · · · · · · · · · · · · ·
\bigvee	Indiana Chamber Cong	ressional	Action Co	nmittee	
	Full Name (Last, First, Middle Initial) / Full Orga	anization Name	e	Memo Item	
Α.					Date of Disbursement
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	<u> </u>			
	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	e	Memo Item	
В.					Date of Disbursement
	Mailing Address				
	Maining Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	1			
с.	Full Name (Last, First, Middle Initial) / Full Orga	anization Nam	18	Memo Item	Date of Disbursement
Ο.					
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	ļ	-		
_					
D.	Full Name (Last, First, Middle Initial) / Full Orga	anization Nam	ie	Memo Item	Date of Disbursement
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		L		
_					
Е.	Full Name (Last, First, Middle Initial) / Full Orga	anization Name	le	Memo Item	Date of Disbursement
					┎┉╼┉┨ ╷ ┎ ╍╼┍┓╷┟ ┍╺╺┍ ┯┯┯┱
	Mailing Address				اسمسا اسمسا
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		- I		
—	·····				
S	UBTOTAL of Disbursements This Page (optional	l)	·····	······ Þ	
т	OTAL This Period (last page this line number or	niv)			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	-
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark lilegible	
No Postmark	
Overnight Delivery Service (Specify): FedEX Next Business	Shipping Date 7/8/22 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
Date of Re Other (Specify):	ceipt or Postmarked
PREPARER	Ø 7/13/22 DATE PREPARED
(3/2015)	

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