

RECEIVED
FEC MAILCENTER
2022 JUL 12 AM 11:04

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE

ADDRESS (number and street) 115 WEST WASHINGTON STREET, SUITE 850S

Check if different than previously reported. (ACC)

INDIANAPOLIS IN 46204

2. **FEC IDENTIFICATION NUMBER ▼** C 00405597 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **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)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST-Election** Report for the:


- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY 04 / 01 / 2022 through MM / DD / YYYY 06 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeff Brantley

Signature of Treasurer  Date MM / DD / YYYY 07 / 08 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-PROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Indiana Chamber Congressional Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		8,586.90
(b) Cash on Hand at Beginning of Reporting Period.....	8,586.90	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	25.00	25.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,561.90	8,561.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

NON-FEDERAL CAMPAIGN FINANCING

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / **DD** / **YYYY**
04 / **01** / **2022**

To:

MM / **DD** / **YYYY**
06 / **30** / **2022**

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

(i) Itemized (use Schedule A).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0

0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0

0

NON-FEDERAL TRANSFERS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	25.00	25.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25.00	25.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25.00	25.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25.00	25.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	25.00

NON EN PH OM 0074005N

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 11a 11b 11c 12 17
 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NONCONFIDENTIAL

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

A.

Full Name (Last, First, Middle Initial)
J.P Morgan Chase

Date of Disbursement
MM / DD / YYYY
04 / 01 / 2022

Mailing Address
1 E. Ohio Street

City **Indianapolis** State **IN** Zip Code **46204**

Purpose of Disbursement
Account fee Category/Type **001**

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
10.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
J.P. Morgan Chase

Date of Disbursement
MM / DD / YYYY
04 / 29 / 2022

Mailing Address
1 E Ohio Street

City **Indianapolis** State **IN** Zip Code **46204**

Purpose of Disbursement
Account fee Category/Type **001**

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
5.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
J.P. Morgan Chase

Date of Disbursement
MM / DD / YYYY
05 / 30 / 2022

Mailing Address
1 E. Ohio Street

City **Indianapolis** State **IN** Zip Code **46204**

Purpose of Disbursement
Account fee Category/Type **001**

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NONNONTMOMBOOTHOOT

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A.

Full Name (Last, First, Middle Initial)
J.P. Morgan Chase

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2022

Mailing Address
1 E. Ohio Street

City: Indianapolis State: IN Zip Code: 46204

Purpose of Disbursement: Account fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period: 5.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5.00

TOTAL This Period (last page this line number only)..... ▶ 25.00

NON-CONFIDENTIAL

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NONN1071M1001100510

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan		Interest Rate (APR) %	
Mailing Address			Date Incurred or Established		
City	State	Zip Code	Date Due		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred		
B. If line of credit, Amount of this Draw:			Total Outstanding Balance:		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____			Location of account: Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount 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 Typed Name Signature				DATE _____/_____/_____	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE _____/_____/_____	
Title					

NONNONTMIONDOOHOON

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
 Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

NONNONTMONTBOH00400

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee	FEC IDENTIFICATION NUMBER ▼ C
--	---

Check if 24-hour report 48-hour report **>>>** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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 party committee) any political party committee or its agent.

Signature _____ Date / /

NONPROFIT CORPORATION

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)

NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee							
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee			
Mailing Address							
City				State		ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶				Amount			
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶				Amount			
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item				Purpose of Expenditure		Category/Type	
Mailing Address							
City		State		Zip Code		Date M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶				Amount			
SUBTOTAL of Expenditures This Page (optional).....▶				Amount			
TOTAL This Period (last page this line number only).....▶				Amount			

20160501 11:00 AM

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 Party Only

NONFEDERAL AND EXEMPT ACTIVITY COSTS

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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:

- I. 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 ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

NONFEDERAL

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

NAME OF COMMITTEE (In Full)
 Indiana Chamber Congressional Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities.....	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

NON-FEDERAL ACCOUNTS

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
 Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

20160501 10:17:00 AM

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)

NAME OF COMMITTEE (In Full)
Indiana Chamber Congressional Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NONPROFIT CORPORATION

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)

NAME OF COMMITTEE (In Full)
 Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="checkbox"/>	Date	
			Category/Type	MM / DD / YYYY	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="checkbox"/>	Date	
			Category/Type	MM / DD / YYYY	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="checkbox"/>	Date	
			Category/Type	MM / DD / YYYY	
Purpose of Disbursement					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share					

NONCONFIDENTIAL

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

NAME OF COMMITTEE (In Full) <p style="text-align: center;">Indiana Chamber Congressional Action Committee</p>
NAME 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		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

NONN ON I MI NO OOT HOWN

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE 1 OF 1
FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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.

<div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 100%;"></div>	NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee
---	--

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table> Aggregate Year-to-Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	M M	/ D D	/ Y Y Y Y Y Y		
City	State	Zip Code							
M M	/ D D	/ Y Y Y Y Y Y							

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table> Aggregate Year-to-Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	M M	/ D D	/ Y Y Y Y Y Y		
City	State	Zip Code							
M M	/ D D	/ Y Y Y Y Y Y							

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table> Aggregate Year-to-Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	M M	/ D D	/ Y Y Y Y Y Y		
City	State	Zip Code							
M M	/ D D	/ Y Y Y Y Y Y							

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">/ Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table> Aggregate Year-to-Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	M M	/ D D	/ Y Y Y Y Y Y		
City	State	Zip Code							
M M	/ D D	/ Y Y Y Y Y Y							

SUBTOTAL of Receipts This Page (optional)..... ▶	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	
TOTAL This Period (last page this line number only)..... ▶	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 20px;"></td> </tr> </table>	

NONNUN 1M 1 ON 1001100100100

**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: (check only one)	PAGE 1 OF 1
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input type="checkbox"/> 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)
Indiana Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NON-CONFIDENTIAL

400
FedEx US Airbill
 Express
 Tracking Number **8663 5400 8932**

fedex.com 1800.GoFedEx 1800.463.3339

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records

Date **7-8-2002** FedEx Tracking Number **866354008932**

Sender's Name **INDIANA STATE CHAPTER OF COMW** Phone **317 264-3110**

Company **INDIANA STATE CHAPTER OF COMW**

Address **115 W WASHINGTON ST**

City **INDIANAPOLIS** State **IN** ZIP **46204-3420**

2 Your Internal Billing Reference **Fed PAC**

To Recipient's Name **FEE** Phone **202 694-1100**

Company **Federal Reserve Bank of Cleveland**

Recipients Address **1000 Lakeside Drive NE**

City **Cleveland** State **OH** ZIP **44115**



8663 5400 8932

EXPRESS SAVER

20002

DC-US IAD

SE JPNA



5128253 08JUL2002 MZLA 5600CZ 049Z LC088

NONNUNION AMIOM 004H0000

Form ID No. **0215**

Recipients Copy

4a Express Package Service

FedEx Priority Overnight
 Next business morning, Fedex
 Signature required. Delivery
 guarantee. Saturday delivery not available.
 FedEx Standard Overnight
 Next business afternoon.
 Saturday delivery not available.
 FedEx 2Day
 Second business day, Thursday
 through Friday. Delivery
 guarantee. Saturday delivery not available.
 FedEx Express Saver
 Third business day,
 Saturday delivery not available.
 * To meet deadlines, call for confirmation.

4b Express Freight Service

FedEx 1Day Freight
 Next business day, Friday
 through Monday. Delivery
 guarantee. Saturday delivery not available.
 FedEx 2Day Freight
 Second business day, Thursday
 through Friday. Delivery
 guarantee. Saturday delivery not available.
 FedEx 3Day Freight
 Third business day, Thursday
 through Friday. Delivery
 guarantee. Saturday delivery not available.
 * To meet deadlines, call for confirmation.

5 Packaging

FedEx Envelope
 FedEx Pak
 FedEx Box
 FedEx Tube
 Other

6 Special Handling

SATURDAY Delivery
 Not available for FedEx
 Signature required. Delivery
 guarantee. Saturday delivery not available.
 HOLD Saturday
 Hold package at FedEx location
 at FedEx location.
 HOLD Saturday
 Hold package at FedEx location
 at FedEx location. Delivery
 guarantee. Saturday delivery not available.
 * To meet deadlines, call for confirmation.

7 Payment Bill to:

Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

8 Residential Delivery Signature Options

No Signature Required
 Direct Signature
 Indirect Signature

Total Packages

Total Weight **5.19**

RECEIVED
 FEC MAILCENTER
 2002 JUL 12 AM 11:09

PHOTO COPY

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.	
<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>7/8/22</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>RL</i> PREPARER	<i>7/13/22</i> DATE PREPARED

(3/2015)