NONN HOL NO. OF DOWN DOWN ON THE

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2022 OCT 26 AM 9: 36

Office Use Only

1.	NAME (OF TTEE (in full)	TYPE OR	PRINT ▼		ample: If tyrer er the lines.	oing, type	12FE4M	[5]		
	NPIĄN	<mark>А</mark> ,СНАМВЕР	CONGR	RESSION	AL ACTIO	ОЙ СОМ	MITTEE	<u> </u>		1	
ADI	Ćhe tha	number and street) eck if different n previously orted. (ACC)	1,15 V	YEST WA	IS,	ON STRE	EET, SUIT	LIN.			
2.		ENTIFICATION N			CITY ▲ 3. IS THIS		NEW	STATE A		CODE A	, ————
_	C	0405597			REPORT		(N) OR	I (A	MENDED) 	·	
4.	(Choose	OF REPORT One) arterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q1) (c) (Q2) (Q3) (YE) (d)	12-Day PRE-Election Report for 30-Day POST-Election Report for	Election on	, <u> </u>	(12C)	Sep	(12S) in th Stat	(Non-1-Year of Non-1-Year of N	20 (M12) Election
5.	Covering	g Period	10 ′ 01	° ′ 20	22	through	10	′ 19° ′	2022 °		
Lce	rtify that	I have examined	this Report a	and to the be	est of my kno	wledge and	helief it is tr	ue correct an	d complete	 -	
	•	t Name of Treasur		Brantley		·					
		Treasurer	Jst.	Sin				Date // C) ' ½ 'y	/ [2.3	22
L	Of U	ission of false, erro fice ise nly	neous, or inc	omplete infor	mation may s	ubject the pe	erson signing t	nis Heport to t	FEC FC		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name 2022 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2022 8,586.90 January 1, (b) 'Cash on Hand at 9,045.84 Beginning of Reporting Period..... 500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 500.00 6(a) and 6(c) for Column B)..... 41.06 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 9,045.84 0 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Ó Schedule C and/or Schedule D) 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() 0

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

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

> > 500.00

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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

(subtract Line 18(c) from Line 19)▶

Page 3

500.00

Report Covering the Period: From:	0 01 2022	то: 10 19 2022
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	יינירי אין ברוטרי בשינים בין רבר עינים בבע בדי הקדישים ביו הייניים הייני •	500.00
(i) Itemized (use Schedule A)	ි දෙන ක්රීමක වී කරේදී වසරේදීම ක්රීමක වීඩා කර්දීම ක්රීමක වීම. එම් කොල්ල පාලන ක්රීම නිස්තුන් කල්ල වැටදුම්	sam later (mortherallina Providenci) a milian la a minimagna per agram
(ii) Unitemized		0
(iii) TOTAL (add	<u> </u>	
Lines 11(a)(i) and (ii)		0 500.00
zmos rr(u)(i) una (ii)	amada sa Mara Mara Chara	
(b) Political Party Committees		
, (c) Other Political Committees		Complete the state of the state
(such as PACs)	The state of the	.0 500.00.
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	TOTAL THE VALLE OF THE STATE OF	essignary and a symptoment
Totals to Line 33, page 5)▶	in den de la Charle de la Region de la Charle de la Charl	
. Transfers From Affiliated/Other	ן די אואר פריים הוא פריים או הראל פריים אל האידור הראשוני היים או הראשוני האידור הראשוני הראשוני הראשוני הראשו	ga .
Party Committees		0
		0
All Loans Received		Landard Com (Franch and Land to the off and to 17)
	eregisky er printprempe ger systagasigs	<u>ಇಕ ಭಾಗ ಪ್ರತರ್ಗಭಾಗಿಸಲ್ಪಾನಿ ಪುರಗಳು</u>
Loan Repayments Received	en der damilier in der Sterik	0
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	mangawaya ingawaya umili in	_ :
(Carry Totals to Line 37, page 5)	and the second s	o e e e e e e e e e e e e e e e e e e e
. Refunds of Contributions Made		
to Federal Candidates and Other	र्शनम् द्वासम्बद्धाः नामकृतः मध्यानः वश्चाः । १६०० - । ।	n ==±
Political Committees Other Federal Receipts	i	
(Dividends, Interest, etc.)	etemplarent aretim britas mitresem), man itana ili aratik eta ili	n er de de d
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		turi j
(from Schedule H3)		0
·	na n'amin'ny Mariana dia 2014. Ny sala-2014 ao amin'ny faritr'i Ao ao amin'ny faritr'i Ao ao amin'ny faritr'i Ny INSEE dia mandritry ny taona mandritry ny taona amin'ny faritr'i Ao ao amin'ny faritr'i Ao ao amin'ny faritr'i Ao	 Fig. 1. Line Bert Bert Berthamber 1970 - No. 10 Physics Press 1988 Element State Bertham Programmer 1988
(b) Levin Funds (from Schedule H5)	(0
(b) Levin Funds (non concodic Fis)		and the Continue Cont
(c) Total Transfers (add 18(a) and 18(b))	en - A. Grand de andre 	Comparing to
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	and the Control of th	in — of market from the first of the first o
Total Receipts (add Lines 11(d),	en enginerrighet in grandge en rige.	್ಷ ರಾಜಕ್ರಾರಕರಾಗ್ರಹಗಳ್ಳು ಬ್ರಾಪಕ್ಕಿಗಳು
12, 13, 14, 15, 16, 17, and 18(c))▶		
		and the second of the second o
. Total Federal Receipts	rase gun mig milli gra legen edg	E mile sustante tra s

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

H	. Disbursements	COLUMN A Total This Period	COLUMN B
	Expenditures: ted Federal/Non-Federal y (from Schedule H4)	Total This Period	Calendar Year-to-Date
	ederal Share	0	0
(ii) N	lon-Federal Share	0	0
, ,	Federal Operating		
	ditures	0	41.06
(c) Total	Operating Expenditures		
	21(a)(i), (a)(ii), and (b))▶	0	41.06
	o Affiliated/Other Party s	0	0
23. Contributio Federal Ca		0	. 0
	nt Expenditures		
25. Coordinate (52 U.S.C.	dule E) d Party Expenditures § 30116(d))	0	0
, (use Sche	důle F)	0	0
26 Laan Bana	numente Mede		
26. Loan nepa	ayments Made		
27. Loans Mad	de	0	0
	f Contributions To: duals/Persons Other		
	Political Committees	` 0	0
(b) Politic	al Party Committees		
· ·	Political Committees		
(such	as PACs)	0	0
` '	Contribution Refunds		
(add l	Lines 28(a), (b), and (c))	0	0
	oursements (Including		
Non-Feder	al Donations)	0	. 0
30. Federal Ele	ection Activity (52 U.S.C. § 30101)		
	ted Federal Election Activity	•	
•	Schedule H6)		
(i) Fed	deral Share	0	0
(ii) "Le	evin" Share		
	al Election Activity Paid	0.0	0
	ly With Federal Funds	0	0
•	Federal Election Activity (add		
Lines	30(a)(i), 30(a)(ii) and 30(b))	0	0
	ursements (add Lines 21(c), 22,		the continue of the second section of the sect
	, 26, 27, 28(d), 29 and 30(c))	0	41,06
	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii)		
irom Line (31)	0	0
	,		:

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	500.00
34. Total Contribution Refunds (from Line 28(d))	0	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	41.06
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	
8. Net Operating Expenditures (subfract Line 37 from Line 36)	0	41.06

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)								
TEMPLED RESERVED		Detailed Summary Page	1 1	118	·	11b	\vdash	11c	12		
			11	13		14		15	16		17
Any information copied from such Reports and S or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
/ Indiana Chamber Congress											
Full Name of Individual (Last, First, Middle Ini	tial) or Full C	rganization Name		Date	of R	eceipt					
Mailing Address				W	Kf	/ D =	Ď	1	~ ~ ~ .	7	
City	State	Zip Code	1	<u></u>							
FEC ID number of contributing			-	Amo	unt of	Each	Rece	eipt this	Period		7
federál political committee.		3 3 3 3 3 3 3 3				7		-55			L
Name of Employer (for Individual)	Occ	upation (for Individual)			Mem	o Item					
Receipt For:	Aggregate	Year-to-Date ▼	-								
Primary General Other (specify) ▼			1								
	Landardon,		J								
Full Name of Individual (Last, First, Middle Init 3.	tial) or Full C	rganization Name		Date	of R	eceipt					
Mailing Address				M	M		Ď	/ V •	7 4 7	7	
City	State	Zip Code	7	ئسا		<u></u>		<u></u>		J	
FEC ID number of contributing			-	Amo	unt of	Each	Rece	eipt this	Period		7
federal political committee.	C			L		-524					
Name of Employer (for Individual)	Осс	upation (for Individual)			Mem	o Item			•		
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		Δ									
Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	_								
D			_	Date	of R	eceipt					
Mailing Address					Ñ.		ď		~ * * *		
City	State	Zip Code	-	Amo	unt of	Each	Rece	eipt this	Period		
FEC ID number of contributing					_		-	radiomide			7
federal political committee.		+			-	-	_				Ŀ
Name of Employer (for Individual)	Occ	upation (for Individual)		Ц	Mem	o Item					
Receipt For: Primary General	Aggregate	Year-to-Date ▼									
Other (specify)]								
SUBTOTAL of Receipts This Page (optional)			 _					2			7
TOTAL This David (last near this line assets			-						and and	-	Ī

SCHEDULE B (FEC Form 3X)			T ===	PAGE 1 OF 1
· · · · · · · · · · · · · · · · · · ·	Use separa	ate schedule(s)	FOR LINE N (check only	VUIVIDEN.
TEMIZED DISBURSEMENTS	for each ca	ategory of the	(crieck only	one) 22
	Detailed Su	ummary Page	28a	28b - 28c - 29 - 30b
Any information copied from such Reports and Statem	ente may no	t he sold or used		
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Indiana Chamber Congressional	Action C	committee		
Full Name (Last, First, Middle Initial)				
A.				Date of Disbursement
 				NAW / DAG / AAAAAA
Mailing Address				لحصما لما لما
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	- 	ſ		C
Candidate Name		——— L	Cotococy	Amount of Each Disbursement this Period
A		1	Category/ Type	Amount of Each Dispursement this Penod
Office Sought: House Disbursem	nent For:			
	Primary	General		A second
State: District	Other (specif	y) ▼		Memo Item
Full Name (Last, First, Middle Initial)				
3.				Date of Disbursement
- ·				***** / **** / *** ********************
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Dishursoment				
Purpose of Disbursement		[
Candidate Name		<u> </u>	Category	Amount of Each Disbursement this Period
		}	Category/ Type	Amount of Each Dispulsement this Fellou
Office Sought: House Disbursem	nent For:			
L I L I	Primary	General		
	Other (specif	у)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement
···				Man (Pao) Labara
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement		-		C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:		.,,,,,	
Senate	Primary	General		
	Other (specif	y) ▼		Memo Item
State District:				<u></u>
SUBTOTAL of Disbursements This Page (optional)			······ >	and the state of t
TOTAL This Period (last page this line number only).			······ •	

SCHEDULE C (FEC Form 3X) LOANS

PAGE OF Use separate schedule(s) 1 1 for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item Election: Primary General Mailing Address Other (specify) ▼ ZIP Code City State Cumulative Payment To Date Original Amount of Loan Balance Outstanding at Close of This Period TERMS Date Due Secured: Date Incurred Interest Rate Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation ZIP Code State City Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City **Amount** Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for Information found on Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Indiana Chamber Congressional Action Committee **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name <u>www.</u> a.t. ara t<u>aaaan</u>tii.aa Mailing Address Date Incurred or Established City State Zip Code MINERAL / 0 - 0 Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? If yes, specify. Yes Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? Location of account A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: MY ANT 1 DOD 1 City, State, Zip: 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 DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION 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. 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 Title

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

Use separate	PAGE_ 1	OF	_1_
schedule(s)	FOR LINE NUMBER:		٥
for each	(check only one)	\perp	9
umbered line)			10

cluding Loans	for each numbered line)	(check only one)	9		
AME OF COMMITTEE (In Full) Indiana Chamber Congi	ressional Act	ion Committee			
A. Full Name (Last, First, Middle Initial) of D	Nature of D	ebt (Purpose):			
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	d	<u> </u>	_ <u> </u>		
Amount Incurred This Period	Pa	yment This Period	Outstandir	, ng Balance at Close of	This Period
			ــا لـــ		
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of D	ebt (Purpose)	
Mailing Address					
City	State	Zip Code			
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of D		yment This Period		ng Balance at Close of	This Period
				, , ,	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period]	yment This Period	Outstandir	ng Balance at Close of	This Period
SUBTOTALS This Period This Page (options	al)	· · · · · · · · · · · · · · · · · · ·	>		
TOTALS This Period (last page this line num	nber only)		>	7	
TOTAL OUTSTANDING LOANS from Sched	lule C (last page o	nly)	>	7 1 1 7	-7-
ADD 2) and 3) and carry forward to appropr	riate line of Summa	ary Page (last page o	nly) ▶		-

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 ▼
Indiana Chamber Congressional Acti	on Commit	tee	C
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		☐ Memo	
Mailing Address			
			Amount
City	State	Zıp Code	
Durana of Funcaditus	<u> </u>		Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	Mam / Dao / AaAaA
Name of Federal Candidate		Support	Office Sought: House District:
		Oppose	President Senate State
Per Election for Office Sought			Disbursement For.
Full Name of Payee	-	☐ Memo	
			Maw / 040 / A44444
Mailing Address			Amount
		T	Allouit .
City	State	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
		Category/ Type	M-W/ D D / VYYYY
Name of Federal Candidate:		Support	Office Sought: House District.
		Oppose	President Senate State
Calendar Year-To-Date Per Election for Office Sought	0.4.0		Disbursement For: ☐ Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
		_ Date	M
Signature		_ Date	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE 1 OF FOR LINE 25 OF FORM 3X (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 Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO Mailing Address If YES, name the designating committee: City ZIP Code State ☐ Memo Item Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number 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 (I. F. II)
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)
, men v eventuge (esteet ette)
Presidential-Only Election Year (28% Federal)
I residential-only Election real (20% redetal)
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%
New fordayal
Nonfederal %
This ratio applies to (check all that apply):
The ratio applies to (effect all that apply).
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 1 OF 1

			<u> </u>				
NAME OF COMMITTEE (In Full)	Indiana Chamber Congressi	onal Action Committ	ee				
NATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.							
Methods of allocation:							
 FUNDRAISING activities are allo expenses must equal the federa 	ocated using the "funds received methal proportion of monies raised.	nod" where the federal pro	oportion of				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.							
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising CHECK IF THE RATIO IS New Revised	ndidate Support Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Car CHECK IF THE RATIO IS: New Revised	ndidate Support Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %				
Fundraising Direct Car CHECK IF THE RATIO IS: New Revised	Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised	didate Support Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	NONFEDERAL %				
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 1 OF 1

			_			FOR LINE 184 OF FORM
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iii)	Exempt Activities				[
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)		•		
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	c) Total Amount Transferred For Direct Fundra	ising	• • • • • • • • • • • • • • • • • • • •		L	
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
EOR II	NE	212 OE	FORM	24

	Indiana Chamber Cong			☐ Memo Item	Allocated Activity or Event:
•	Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)			Administrative Fundraising Exemp
•	Mailing Address		_		
					Voter Drive Direct Candidate Suppor
	City	State	Zip Code		Public Comm (ref to party only) by PAC
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-	Activity or Event Identifier:		-		
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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)

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NAME OF COM	MITTEE (In Full)			.				
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						7 <u></u> 7-		

PAGE 1 OF

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	1		OF	1	
FOR L	INE	30a	OF	FORM	3X

AME OF COMMITTEE (In Full)				
	amber Co	ongressional A	Action Commit	ttee
			☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code	ال حد سعا	
Purpose of Disbursement	I		Category/ Type	Date Date
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Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement		Category/ Type	Date Date	
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Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	• • • • • • • • • • • • • • • • • • • •		Category/ Type	Date / Date
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		SHARE		
OTAL This Period for the Levin Share				

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		
NIARA	Indiana Ch	amber Congressional Action Con	nmittee
NAIV	E 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		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		,
	(a) Voter Registration		A Broke Soft Book of The Control of
	(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)		772
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
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SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

1 OF

PAGE

ITE	EMIZED RECEIPTS OF LEVIN FUNDS	<u> </u>	for each cat Aggregation	tegory of the Page	FOR LINE NUMBER: (check only one) 1a 2		
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\setminus	NAME OF COMMITTEE (In Full)						
	Indiana Chamber Congressional Action Committee						
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				Date of Receipt		
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	City	State	Zin	Code	Amount of Each Receipt this Period		
		O.u.o		0000			
•	Name of Employer (for Individual)				Aggregate Year-to-Date ,		
i	Occupation (for Individual)						
В.	Full Name of Individual (Last, First, Middle Initial) or Full (Organiza	tion Name] Memo Item	Date of Receipt		
•	Malan Adda						
	Mailing Address			-	Amount of Each Receipt this Period		
,	City	State	Zip	Code	Amount of Each Necept this Fellou		
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		Aggregate Year-to-Date					
•	Occupation (for Individual)						
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item C. Mailing Address				Date of Receipt		
C.					MAR / GED / VAGAAAA		
i							
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į	Occupation (for Individual)	riggiogate Tear to Bato					
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

FOR LINE NUM	BER: [PA	GE I	OF I
(check only one)			
	4a	4c	5
	4b	4d	

Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Indiana Chamber Congressional Action Committee Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item В. Date of Disbursement 'Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name ■ Memo Item E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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PREPARER	DATE PREPARED

(3/2015)