

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED MAIL CENTER

Office Use Only: AM 11:22

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 U Washington St Suite 8505 Check if different than previously reported. (ACC) INDIANAPOLIS IN 46204

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 00405597

3. IS THIS REPORT NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 07/01/2019 through 12/31/2019

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 [Signature] Date 01/29/2020

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

**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:

MM / DD / YYYY
07 / 01 / 2019

To:

MM / DD / YYYY
12 / 31 / 2019

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value=""/>	<input type="text" value="13,926.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13,906.90"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13,906.90"/>	<input type="text" value="13,926.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,250.00"/>	<input type="text" value="2,270.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11,656.90"/>	<input type="text" value="11,656.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value=""/>

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Indians Chamber Congressional Action Committee

Report Covering the Period: From:

07 / 01 / 2019

To:

12 / 31 / 2019

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).....

(ii) Unitemized.....

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

(b) Political Party Committees.....

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

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

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

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

	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 AND LEVIN FUNDS

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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 of Congressional Action Committee

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

A. 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

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

B. 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

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

C. 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).....▶

**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 OF 2

21b 22 23 26 27
 28a 28b 28c 29 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

Full Name (Last, First, Middle Initial)

A. *Elect Tim Baird*

Mailing Address

P.O. Box 203

City

Greencastle

State

IN 46135

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Tim Baird

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *IN*

District: *4*

Date of Disbursement

08 20 2019

FEC Identification Number

C00662940

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. *Bueshon for Congress*

Mailing Address

P.O. Box 250

City

Newburgh

State

IN 47629

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Larry Bueshon

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *IN*

District: *8*

Date of Disbursement

10 23 2019

FEC Identification Number

C00468256

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. *Mike Braun for Indiana*

Mailing Address

P.O. Box 159

City

Zionsville

State

IN 46077

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Mike Braun

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *IN*

District:

Date of Disbursement

10 23 2019

FEC Identification Number

C00653147

Amount of Each Disbursement this Period

1,000.00

Memo Item

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

1,750.00

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

**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 2 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"/> 28	
	<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)
Indigne Chamber Congressional Action Committee

A. Full Name (Last, First, Middle Initial)
Friends of Todd Young, Inc.

Mailing Address:
P.O. Box 3743

City: *Carmel* State: *IN* Zip Code: *46082*

Purpose of Disbursement: *Contribution* Category/Type: *0.1.1*

Candidate Name: *Todd Young*

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

State: *IN* District: _____

Date of Disbursement: *11 / 22 / 2019*

FEC Identification Number: *C00459255*

Amount of Each Disbursement this Period: *500.00*

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: _____ District: _____

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: _____ District: _____

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *500.00*

TOTAL This Period (last page this line number only).....▶ *2,250.00*

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE | OF |
FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
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)..... ▶

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER C100405597
--	--

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? No 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?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No 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	Title	DATE
--	-------	------

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)▶	

NONPROFIT CORPORATION

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

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Indiana Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER ▼ C
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report <input type="checkbox"/> Amends report filed on <input type="text"/>

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	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	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	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	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 / /

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) <i>Indiana Chamber Congressional Action Committee</i>		
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

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount
Aggregate General Election Expenditure for this Candidate ▶				

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

NONPROFIT CORPORATION

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Indian 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.

NON-FEDERAL CANDIDATE

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
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 % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

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	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		
iii) GOTV	GOTV	
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity	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	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID		
iii) GOTV	GOTV	
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity	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).....	

20160501 10:10:10 AM

**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:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/Type	Date		
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:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/Type	Date		
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:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/Type	Date		
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						

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

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>
NAME OF ACCOUNT <i>INDIANA CHAMBER CONGRESSIONAL ACTION COMMITTEE</i>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS (a) Itemized <small>(Use Schedule L-A)</small> (b) Unitemized (c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS <small>(Add Lines 1c and 2)</small>		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small> (a) Voter Registration (b) Voter ID (c) GOTV (d) Generic Campaign (e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS <small>(Add Lines 4e and 5)</small>		
7. BEGINNING CASH ON HAND <small>(for Column B, use cash as of January 1st)</small>		
8. RECEIPTS <small>(from Line 3)</small>		
9. SUBTOTAL <small>(Add Lines 7 and 8)</small>		
10. DISBURSEMENTS <small>(From Line 6)</small>		
11. ENDING CASH ON HAND <small>(Subtract Line 10 From Line 9)</small>		

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS 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 of Individual (Last, First, Middle Initial) or Full Organization Name 'Memo' Item

A.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

**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	OF
<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 <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

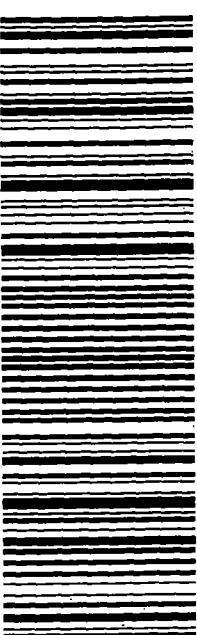
TOTAL This Period (last page this line number only)..... ▶

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8111 9337 7557

1 From Date 1-20-02

Senders Name Address Phone 317 264-3110

Company INDIANA STATE CHAMBER OF COMM

Address 115 W WASHINGTON ST

City INDIANAPOLIS State IN ZIP 46204-3420

2 Your Internal Billing Reference

3 To Recipients Name Company

Hold Weekday... REQUIRED. NOT available for FedEx First Overnight. Hold Saturday... REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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8111 9337 7557

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Form ID No. 0215

4 Express Package Service *To mail locations.

Next Business Day

FedEx First Overnight... Monday unless Saturday Delivery is selected.

2 or 3 Business Days

FedEx 2Day AM... FedEx Express Saver... Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

FedEx Envelope... FedEx Pak... FedEx Tube... Other

6 Special Handling and Delivery Signature Options

Saturday Delivery... No Signature Required... Direct Signature... Indirect Signature... Does this shipment contain dangerous goods?

7 Payment Bill to:

Sender... Recipient... Third Party... Credit Card... Cash/Check... Total Packages... Total Weight... Credit Card Auth.



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Federal Election Commission
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 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	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>Fed Ex</i>	Shipping Date <i>1/24/20</i>
	Next Business Day Delivery <input checked="" 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

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1/27/20

PREPARER
(3/2015)

DATE PREPARED

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