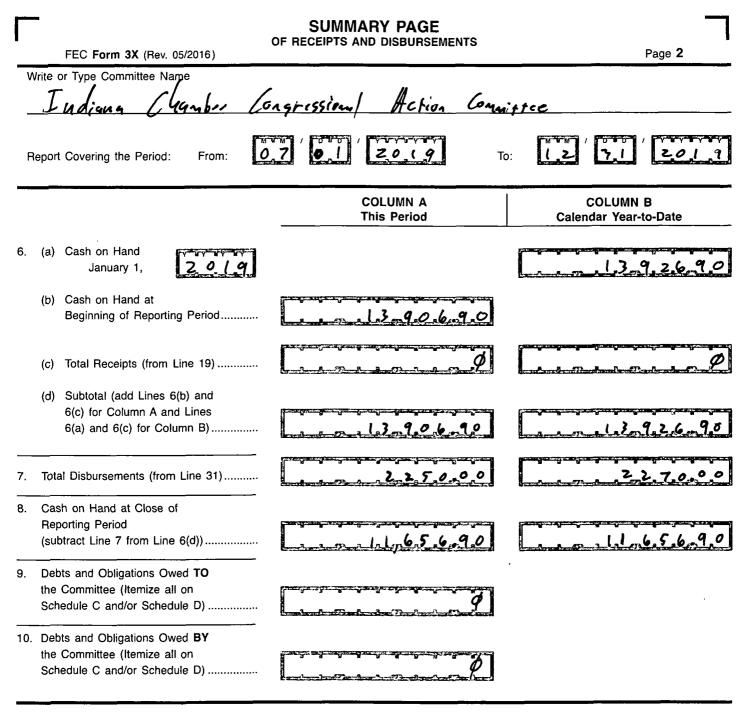
FEC FORM 3X	REPORT OF RECEIN AND DISBURSEMENT For Other Than An Authorized Com	NTS	RECEIVED MALL CENTER
1. NAME OF COMMITTEE (in find the commutation of t	TYPE OR PRINT ▼ Example:	If typing, type 12FE4M	5
ADDRESS (number and ADDRESS (number and Check if differ than previousl reported. (ACC 2. FEC IDENTIFICA	street) $\begin{bmatrix} 1 & 1 & 5 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo (a) Quarterly Repo (a) Quarterly Quart	DRT (b) Monthly Report Due On: Feb 20 (M2) nrts: Due On: Mar 20 (M3) Report (Q1) (c) 12-Day Primar Report (Q2) Report for the: Convertion 5 Report (Q3) 1 Report (YE) Election on Image: Convertion 1 Report (YE) (d) 30-Day General Report for the: General Convertion	May 20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE) (12G) Runoff (12R) 12S) in the State of
Type or Print Name of Signature of Treasurer	JenBunk	and belief it is true, correct and	1 24 2020
NOTE: Submission of fall Office Use Only	se, erroneous, or incomplete information may subject th	e person signing this Report to th	e penalties of 52 U.S.C. § 30109. FEC FORM 3X Rev. 05/2016

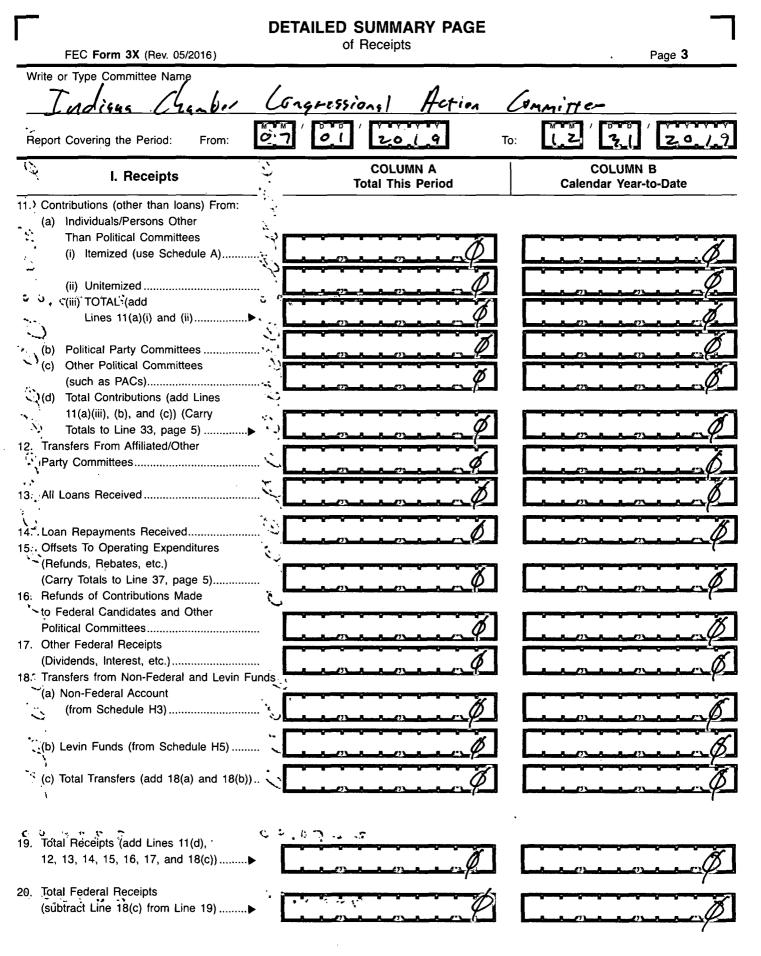


This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

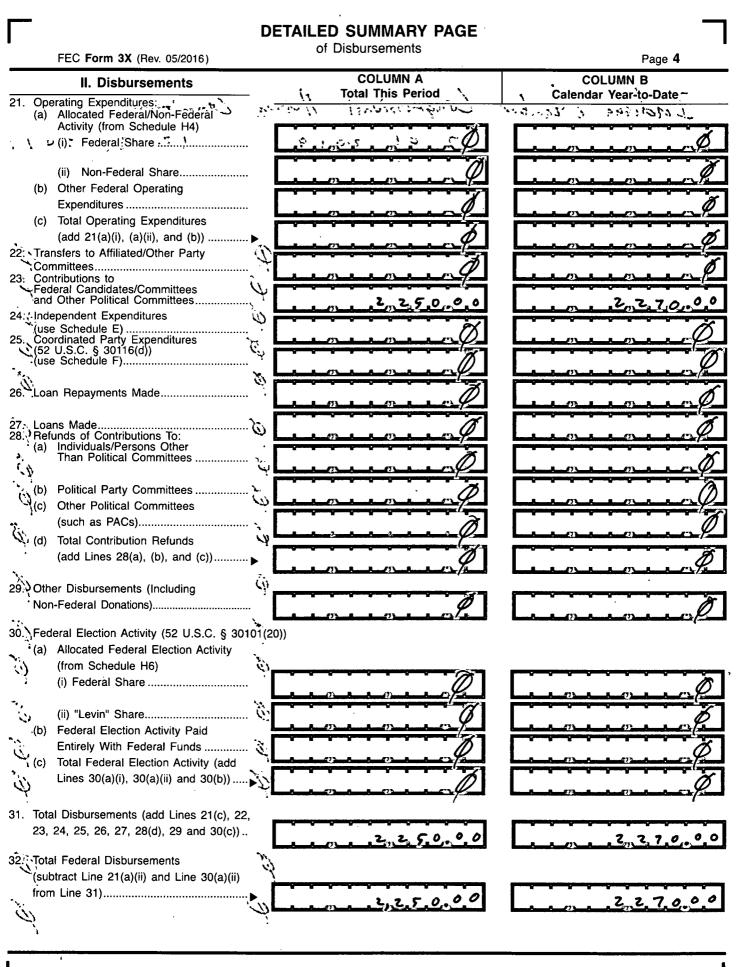
For further information contact:

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

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



2020-01-27-0M-00M08962



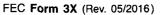
2020-01-27-08-00M0890M

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

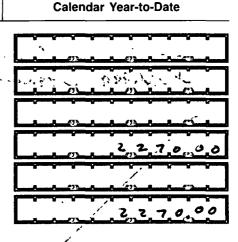


III. Net Contributions/ Operating Expenditures

1

- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3)......38. Net Operating Expenditures
- (subtract Line 37 from Line 36)

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COLUMN B

Page 5

SCHEDULE A (FEC Form 3X)	ſ <u></u>	FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Fully	Manal and And	(um, inter-		
Full Name of Individual (Last, First, Middle Ini A.	tial) or Full Organization Name	Date of Receipt		
Mailing Address	с			
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]		
Full Name of Individual (Last, First, Middle In B.	tial) or Full Organization Name	Date of Receipt		
Mailing Address				
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle Ini C.	tial) or Full Organization Name	Date of Receipt		
Mailing Address				
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼]		
SUBTOTAL of Receipts This Page (optional)	,			
TOTAL This Period (last page this line number	only)			

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SCHEDULE B (FEC Form 3X)				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			
	Detailed Summary Page	28a	28b 28c 29 30b	
Any information copied from such Reports and Statem	nents may not be sold or used	by any perso	n for the purpose of soliciting contributions	
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	• .	•		
Ludique l'aginter 1	07.41 255 (0A - 1-1-1)	Action	Committee 1	
Full Name (Last, First, Middle Initial)		,		
A. Flact Jim Roud			Date of Disbursement	
Majling Address 5 5 5	· ·		08 20 2019	
P.O. Box 203			And the second state of th	
Green castle	TN = Zip Code TN = 2.96135	SAS 1	FEC Identification Number	
Purpose of Disbursement · · · · ·			C00662940	
Cantriantina Candidate Name	· · · · · · · · · · · · · · · · · · ·	O.L.L		
Tin Baird		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: X House Disbursen			25000	
	Primary General			
State: JN District: 4	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
B. Reacher La Conserver			Date of Disbursement	
<u>17405404 tor (OM77755</u> Mailing Address			10 23 2019	
1.0. Kox 250				
City s	IN Zip Code		FEC Identification Number	
Purpose of Disbursement			Cood 6dze 6	
Contribution		0		
Candidate Name Larry Brickhog		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: V House Disburserr	nent For:		50000	
	Primary General		le constituent de la	
State: P N District: S	Other. (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
C. Mike Brann for Indi			Date of Disbursement	
Mailing Addrosp	yng		10 23 2019	
P.O. Box 199				
Zionsvilles	StateZip CodePN46077		FEC Identification Number	
Purpose of Disbursement	100 196071 F	a a da a	C10.0.6.5.7.1.4.7	
Contribution		011		
Candidate Name Mike Brunn		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursem	nent For:		100000	
	Primary General		ning and a second s	
State: T N District:	Other (specify) ▼		Memo Item	
			and the second	
SUBTOTAL of Disbursements This Page (optional)		••••••	1,7,5,0.00	
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TOTAL This Period (last page this line number only).		····· •		

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SCHEDULE B (FEC Form 3X)					
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	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b		
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NAME OF COMMITTEE (In Full)	Congression !	Acres	lon inter		
Full Name (Last, First, Middle Initial)	Congression	TCTUA	m, Frec.		
A. Friends of Todd Young	Inc.		Date of Disbursement		
Mailing Address No. Kox 3743	·		11 22 2019		
City CG+ncl	State Zip Code BN 4608 Z		FEC Identification Number		
Purpose of Disbursement	[011	CO.0.4.5.9.2.5.5		
Todd Young		Category/ Type	Amount of Each Disbursement this Period		
Senate X	Primary General		5.0.0.0		
State: TA/ District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) B.	·		Date of Disbursement		
		······································	- M. M. / D. P. /		
Mailing Address	·		Land Land Land		
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement	ſ	Contrady Contrady and and	С		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	ment For: Primary General		and and advante of the first out of the layer		
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
·					
Mailing Address					
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement	1	martin and man	C		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	Туре			
Senate President	Primary General Other (specify) V		Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional).		····· •	50000		
TOTAL This Period (last page this line number only)	······	2,2,5,0,00		

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SCHEDULE C (FEC Fo	rm 3X)			
LOANS				Use separate schedule(s) PAGE OF
· · · · · · · · · · · · · · · · · · ·	,		Detailed Summary Page FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)		~		
Lindigua Cl	19mber	Const		ng Action Committee ! "
LOAN SOURCE Full Name (I	ast, First, Mi	ddle Initial)	1	Memo Item Election:
				General
Mailing Address				Other (specify) ▼
City		State	ZIP Cod	10
		Oldie		
Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Period
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TERMO	<u> </u>		(brach: :5)	han har the stand of the stand
TERMS Date Incurred		Da Markal / Sovo	ate Due	Interest Rate Secured:
				% (apr) Yes No
List All Endorsers or Guarant	ors (if any) t	o Loan Source		
1. Full Name (Last, First, Midd	le Initial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code	.,	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)			Name of Employer
Mailing Address			•	Occupation
Walling / laarooo		.*		Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)			Name of Employer
Mailing Address	···			
	:			Occupation
City	State	ZIP Code		Amount Guaranteed United States State
4. Full Name (Last, First, Middl	e Initial)			Name of Employer
Mailing Address				Occupation
	- Ctota	ZIP Code		
City	State			Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page	ge (optional).			
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TOTALS This Period (last page in	this line only)		annaite a chun daon taon taon daon da an
Carry outstanding balance only to	LINE 3, Sch	edule D, for this	line. If n	o Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)		Supplementary for
LOANS AND LINES OF CREDIT FROM Federal Election Commission, Washington, D.C. 20463	LENDING INSTITUTIONS	Information found on Page / _ of Schedule C
NAME OF COMMITTEE (In Full) Judiana Charber Longt LENDING INSTITUTION (LENDER)	actional Marine Inno 24	FEC IDENTIFICATION NUMBER
Full Name	Amount of Loan	0/ איז ערבעריינייניינייניינייניינייניינייניינייניינ
Mailing Address City State Zip Code	Date Incurred or Established Date Due	антаралар поледения самар полерание им.
A. Has loan been restructured? No Pes	If yes, date originally incurred	and and and an an an an an an an a
B. If line of credit, Amount of this Draw:	Balance:	ารายประวรริการก็การและเป็นสายในสายการเรา (การกร้างการกร้าง การกร้างการประกร์การกร้างการการกร้างการกร้างการกร้างการกร้างการกร้างการกร้างการกร้างการกร้างการกร้างการกร้างการ
C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guarantors	curred? s must be reported on Schedule C.)	
 D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or o No Yes If yes, specify: 	of deposit, chattel papers, other similar traditional collateral?	What is the value of this collateral?
E. Are any future contributions or future receipts of ir collateral for the loan? No Yes If ye	nterest income, pledged as	What is the estimated value?
A depository account must be established pursuar to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	nt Location of account: Address:	
Constructioners institutioners	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this least the loan amount, state the basis upon which this least the loan amount.	oan was made and the basis on whi	the it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature		
 H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowers This institution is aware of the requirement th complied with the requirements set forth at 1 	e terms of the loan and other informa (including interest rate) no more fav s of comparable credit worthiness. nat a loan must be made on a basis	orable at the time than those imposed for which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	University of the second secon

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SCHEDULE D (FEC Form 3X)			<u> </u>	PAGE OF
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each	(check only one) 9
			numbered line)	10
NAME de COMMITTEE (In Full) Indiana Cramber	longting	ional Het		
A. Full Name Last, First, Middle Initial) of Deb	tor or Creditor	,	Nature of D	ebt (Purpose):
Mailing Address		·· ·· ·· ··		
City	State	Zip Code		
Outstanding Balance Beginning This Reriod		· · · · · · · · ·		,
and an have been been and and and and				
Permitant President President President Street				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
		\mathbf{X}		
Mailing Address		<u> </u>		
Ividinity Address		\mathbf{i}		
City	State	Zip Code		
Outstanding Balance Beginning This Period	!			
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Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	.	Nature of D	ebt (Purpose):
	•			
			\	、 · · · · · · · · · · · · · · · · · · ·
Mailing Address				\backslash
City	State	Zip Code		\mathbf{X}
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Outstanding Balance Beginning This Period			•••	
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)		and an address of the second s
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page on		

2020-01-27-0M-00M08920

SCHEDU	ILE E	(FEC	Form	3X)
ITEMIZED	INDEP	ENDENT	EXPE	NDITURES

ITEMIZED INDEPENDENT EXPENDITURE	S			PAGE OF
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
- 1 chamber				FEC IDENTIFICATION NUMBER
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Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
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Purpose of Expenditure	_1	Category/	1	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Offic	e Sought: House District:
		Oppose		President Senate State:
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Per Election for Office Sought		entrandran (1) markaner		☐ Other (specify) ►
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
				<u>www</u> / <u>0.00</u> / <u>1.000</u> / <u>1.000</u>
Mailing Address				and and another and and and
		\backslash		Amount from the second
City	State	Zip Gode		
<i>i</i>				Date of Disbursement or Obligation
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Name of Federal Candidate:	· · · · · · · · · · · · · · · · · · ·	Support	Qffic	e Sought: House District:
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Per Election for Office Sought		mhaalaadaa d a		Qther (specify) ►
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				and the second
(a) TOTAL Independent Expenditures			•	h milanthe Construction Deadland and in the
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
		Date	(Filler	
Signature			Lannak	henre landanes brunthaanihanstonat
				FEC Schedule E (Form 3X) Rev. 0/2016

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

(To be used	only by Political Committees in the Gener	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)	i_i	······
Indiana Chamber	Congressional Het	ion Committee
Has your committee been designated to make coordinated expenditures by a political party committee YES NO	Full Name of Subordinate Committee	
If YES, name the designating committee:	Mailing Address	
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Pay	vee	Purpose of Expenditure
Mailing Address		Type
City	itate Zip Code	
Name of Federal Candidate Supported Office S	iought: House State: Senate District:	Amount
Expanditure for this Candidate		landam)anit bal a nineftim in mineficiante a
Full Name (Last, First, Middle Initial) of Each Pay	lee	Purpose of Expenditure
Mailing Address		Date Type
/	tate Zip Code	NAWA / MOLEDY / . WERE STORE
Name of Federal Candidate Supported Office Se	ought: House State: Senate District: Presidential	Amount محد المحديث ال
Aggregate General Election	inninal anith regularizer (landunbastikastaning kadaastikasti
Full Name (Last, First, Middle Initial) of Each Paye	ee 🗌 Memo Iteno I	Purpose of Expenditure
Mailing Address		Data Category/ Type
City / St	ate Zip Code	TANK AND AND A CONTRACT AND A CONTRACT
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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) Congressional Action Committee ' *č* 4 μ σ₁ 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% Rederal) 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)		
Indiana Cranber Congressional He	ction Conmitte	e
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	•
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	thod" where the federal pr	roportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accomb where the federal proportion of disbursements is based on the bene tivity. For PACS Only: Direct candidate support includes public comr federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cano nunications or voter drives	didates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
	Naradiran Brank Constants of Con-	finerellan, aliant Clinica and
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
		Mount Contraction
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
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ACTIVITY OR EVENT IDENTIFIER	<u> </u>	
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Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	Andres Start and W
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ACTIVITY OR EVENT IDENTIFIER		
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

TRANSFERS FROM NONFEDERAL ACCOUNTS FOR							
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY							
Indiana Cumber Constassional Hatio	TOTAL AMOUNT TRANSFERRED						
Markense series series	ารการคุณภาษาชุรรรณ์และเหตุ เกมร์ (คุณ คุณภาษณ์) เกรร์ เกมร์ เวลาะรั้นรถรับการสำนัญหากร้างการให้เหตุ (คุณ คุณภาษณ์) เกรร์ เกมร์ (การการการการการการการการการการการการการก						
BREAKDOWN OF TRANSFER RECEIVED	ร้ <u>านสารายว่ามาเป็นสารในสาราในสาราชียมการสา</u> ราชไม่ และเรื่อมระดัง						
i) Total Administrative	an alar the film from the set from the set of the set						
	ณ าาาประหว่างเป็นหารี่มากเริ่มหนึ่งแต่ปั้งหว่าในหม่ในหน ังระบบ						
ii) Generic Voter Drive							
iii) Exempt Activities	a pri si na si kana kana kana kana kana kana kana kan						
	here and and the strand and and an long the set						
iv) Direct Fundraising (List Activity or Event Identifier)							
a)							
ter and the state of the state							
b)							
	ana ana ana ana ana ang ang ang ang ang						
c) Total Amount Transferred For Direct Fundraising	and and the state of the state						
v) Direct Candidate Support (List Activity or Event Identifier)							
p)							
	<mark>daren daran dar Baran daran daran</mark>						
c) Total Amount Transferred For Direct Candidate Support	למינים לאינים אלי היינים לאינים ל						
	and and an all and an a						
vi) Public Communications Referring Only to Party (Made by PAC)	Landsonforthillow webser landson landson						
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TOTAL This Period (Total Amount Transferred)							

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OF

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

F	EDERAL/NONFEDERAL ACTIV			FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · ·
_	Ligge Chamber Co	19+ mien / Act	ion COMA	littee
Ā.	Full Name (Last, First, Middle Initial)	•.	Memo Item	Allocated Activity or Event:
		na stand		Administrative 🖸 Fundraising
	Mailing Address	•		Voter Drive Direct Candidate Support
	City 🔨	State Zip Code	e	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Constantinguages	Allocated Activity or Event Year-To-Date
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	Activity or Event Identifier:		Category/	C.W. R.W. 1 C.D. M.D. 1, S. S. S. R. S.
	\mathbf{X}		Type	Date motion indication
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В.	Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:
		<u> </u>	<u> </u>	Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City	State Zip Code	e /	Public Comm (ref to party only) by PAC
				Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	$\mathbf{\lambda}_{\mathbf{r}}$	Harrison Street	รี ยังวารร่างระบัติสารรับการที่มาระระที่เราะสรีเราะหนึ่งมาระวัตรงระมีสารระวัตร
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Ċ.	Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:
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	City	State Zip Code		Public Comm (ref to party only) by PAC
	Durran of Dishurrant		`	Allocated Activity or Event Year-To-Date
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SU	BTOTAL of Allocated Federal and NonFederal	Activity This Page		
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.0	FEDERAL SHARE	NONFEDERA		
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SCHEDULE	E H5 (FEC Form 3X)			1		
TRANSFERS OF LEVIN FUNDS RECEIVED FOR							
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	WN OF THIS TRANSFER		VOTER REGISTR	ATION			
i)	Voter Registration Total Amount Transferred for V		and a second		,		
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BREAKDOV	WN OF THIS TRANSFER		`				
i)	Voter Registration	a sector and the sect	VOTER REGISTE				
	Total Amount Transferred for V	oter Registration	and a stand of the second	aller alter alt			
ii)	Voter ID			OTER ID	متعتا		
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111)	GOTV		Receiption of the	GOTV	al the second states		
	Total Amount Transferred for G	GOTV	3				
iv)	Generic Campaign Activity			GENERIC CAMP	AIGN ACTIVITY		
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TOTAL	This Period (Voter Registration	ו)	and the second	ารีการสาราสาราว	\backslash		
τοται	This Period (Voter ID)] ยั <i>ราชนิตมหนึ่งมา</i> ศิลระวิเพ	يد الايدانيين المحاكم	thand I		
TOTAL This Period (Voter ID)							
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TOTAL	. This Period (Generic Campaig	n Activity)		alouthers the damain	Allowed mark the oldered		
				land and a second s	สมใสารงที่พระเป็นสงในสงที่เมลาในระเรียงไ		
TOTAL	This Period (Total Amount of 1	Transfers Received)			สถานในสร้างสมบุทสามาร์สิ่งการที่		
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FEC Schedule H5 (Form 3X) Rev. 05/2016

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS						
FOR ALLOCATED FEDERA	L ELEC	TION ACTIVIT	ΓY	PAGE OF		
(To be used by State, District a	(To be used by State, District and Local Party Committees Only)					
NAME OF COMMITTEE (In Full)			an an the second s	the second s		
Indiana Cham	ber Co	sugressions (Action	Committ ++		
A. Full Name (Last, First, Middle Initia	al) / Full Orga	anization Name	Memo Item	Type of Allocated Activity or Event:		
Mailing Address	Mailing Address					
	01-1-	7:0:4		and the second		
City	State	Zip Code				
Purpose of Disbursement			Category/ Type	Date באריקט ארוייניין (אריקט אריין אריקט אריק אריקט אריקט אריק		
FEDERAL SHARE	+	LEVIN		= TOTAL AMOUNT		
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B. Full Name (Last, First, Middle Initia	I) / Full Orga	anization Name	🗌 Memo Item			
				Voter Registration GOTV Voter ID Generic Campaign		
	\	\		Allocated Activity or Event Year-To-Date		
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Purpose of Disbursement	<u>I</u>		Category/ Type			
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C. Full Name (Last, First, Middle Initia	l) / Full Orga	anization Name	🗌 Memo Item	Type of Allocated Activity or Event: Voter Registration Voter ID Allocated Activity or Event Year-To-Date		
Mailing Address		·····	· ·			
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City	State	Zip Code	and an	Leveland and Deal method Handson in Stier Azer 1		
Purpose of Disbursement			Category/ Type			
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		a a u u u u u				
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))						
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LEVIN SHARE						
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FEC Schedule H6 (Form 3X) Rev. 05/2016

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

NAME OF COMMITTEE (In Full) Congressional Action Committer tanber -1. dian NAME OF ACCOUNT ì profest why Brown Personal States 257 2 Contration and ا لا مارد بيغ في المجه ما 9 · • 1.50 - 2. 2 COLUMN A COLUMN B TOTAL THIS PERIOD YEAR-TO-DATE RECEIPTS FROM PERSONS and a second 1. (a) Itemized - 69-L Jse Schedule L-A) 511.50 (b) Uniternized ... aparate subsection and a subsection of the ς, 5% 573 -7 10 (c) Total bereiten flive frankraft haad on Sardille allem £90. Per Ellen Commenter n ganar gar ng sang sa aganangananganan gunangan garagan garagan ga **5**72 - 5 OTHER RECEIPTS 2. - (J. a - F. 3. TOTAL RECEIPTS . and the second and New York (Add Lines 1c and 2) 1 TRANSFERS TO FEDERAL OR 4. ALLOCATION ACCOUNT (Use Schedule L-B) a.eyp 1.1 ्युन - L--57 (a) Voter Registration ... - Prov. 1973. and the second second second second والتحديث والمتعالية والمتعالية والمتعادي والمتعالية -71 1 (b) Voter ID.. -#3 en Theriters Area Surfler filmeland and . л. a har da anti a a la maila a la maila and the second (c) GOTV ÉP. 45 - (Pa Chail Rover & walk and Prove Prover e 6. . . 5.¥3 23.3 1.72 -77 1.1 1 54 2.7 (d) Generic Campaign S.E.M -17 (e) Total a contraction and a second second OTHER DISBURSEMENTS 5. and and and A. Constant 57 A 200 28,50 17 <u>ت</u>ح 6. TOTAL DISBURSEMENTS (Add Lines 4e and 5) BEGINNING CASH ON HAND 7. (for Column B, use cash as of January 1st) 2.7. and the second second RECEIPTS 8. (from Line 3) way. 9. SUBTOTAL (Add Lines 7 and 8). 1.1.1 DISBURSEMENTS. 10. (From Line 6) CLANE SPACE ENDING'CASH ON HAND 11. (Subtract Line 10 From Line 9). ar al analysis d'andraid in the order of the al norther land to a back and a solar. herd

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

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

FOR LINE NUMBER:

1a (check only one)

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\mathbb{N}	NAME OF COMMITTEE (In Full)					
V	Indiana Camber	n ONGERCCI	iony / Hei	tion Committee .		
<u>د</u>	Full Name of Individual (Last, First, Middle Initial) or Full	Organization Na	amè 🗌 'Memo'Item	Date of Receipt		
Α.		W. P. M. V. D. D. V. M.				
	Mailing Address	โลยหมือนหรือเลยในสาวารสา โดยหมือนสาวารสา				
	<u>\</u>			Amount of Each Receipt this Period		
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	Name of Employer (for Individual)	· /	,J	and and the star for the structure for the structure of t		
				Aggregate Year-to-Date		
	Occupation (for Individual)			and a start of the		
	Full Name of Individual (Last, First, Middle Initial) or Full	Organization Na	ame 🗌 Memo Item	Date of Receipt		
В.		U U		MANY 1 10-5-0-1 1 1-1-10-10-2-4-1		
	Mailing Address			matine material material		
				Amount of Each Receipt this Period		
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				Aggregate Year-to-Date		
	Occupation (for Individual)			and the stand with a stand of the stand		
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s	UBTOTAL of, Receipts This Page (optional)		····· •			
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IT	CHEDULE L–B (FEC Form 3X) EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF Check only one) 4a 4c 5
0	OF LEVIN FUNDS		Aggregation Page	4b 4d
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Indisan Chamber Cos	mal Action Com	altice	
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name Demo Item			Date of Disbursement
	Mailing Address			สมาร์สินสาร์ การเมืองสา อกรร้องสานิเธอร้องสาร
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			i naturila a tana a
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