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FE7AN014

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

24 NOV 25 A Office tuse Conty

1.	NAME OF COMMITTEE		YPE OR PRINT ▼	Example: over the li	f typing, type nes.	E02FEHM	SEMIE.	
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ADI: ▼ :	reported.	different	BER ▼ C	0   6   <b>2</b>   5		₽ V STATE ▲	E1 18 1 51 015  41 6121014	- [ ]
<del>-</del> 4.	TYPE OF F	1.0,5,5,9 	.7	REPORT /	. ,	(A)	20 (M8)	Nov 20 (M11)
	(Choose One) (a) Quarterly	Reports:	Report Due On:	eb 20 (M2) ar 20 (M3) pr 20 (M4)	Jun 20 (M5)  Jul 20 (M7)	) Sep	20 (M9) 20 (M10)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
	July Qual	terly Report (Q1 15 terly Report (Q2 ber 15	PRE-Election Report for the:	To 4 Comment	y (12P) ntion (12C)	General Special (	(12G)	Runoff (12R)
	Janu	rterly Report (Q3 lary 31 -End Report (YE		tion on	M ' / " D = D ' /	1 V 1 V 2 V 2 V 2 V 1	in the State of	of
	Rep	31 Mid-Year ort (Non-election Only) (MY)	(d) 30-Day  POST-Election  Report for the:	./ `	al (30G)	 Runoff (3	30R)	Special (30S)
	Term	nination Report R)	Ì		M ₹ / ↑ D = D ↑ /	Y - Y - Y - Y	in the	of
5.	Covering Peri		1		ough I I	્ દૂધ,	2014	
	-	e examined this ne of Treasurer	Report and to the best		and belief it is	true, correct an	d complete.	
Sig	nature of Treas	surer	If Branks			Date 1	2.5	3014
NO	TE: Submission	of false, erroned	ous, or incomplete informa	tion may subject	he person signing	this Report to t	T	
ľ	Use Only						FEC FOF Rev. 12/2	

Wı	rite c	FEC Form 3X (Rev. 02/2003) or Type Committee Name				Page 2
	7,		55:044/	Action Committee		
Re	eport	Covering the Period: From:	м / D	C 2014	То:	M M, / D - D / V V Y - Y
	·			COLUMN A This Period		COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, Zoly			٠.	, 2,994.90
	(b)	Cash on Hand at Beginning of Reporting Period	٠.	5,419.90		7
	(c)	Total Receipts (from Line 19)		, , , , , , , , , , , , , , , , , , ,		, 3,000.00
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		, 5,4 19.90		5,994.90
7.	Tota	al Disbursements (from Line 31)		φ,		575.00
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))		, 5,419.90		5,4.19.90
9.	the	bts and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)		, , <i>φ</i>		
10.	the	bts and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	٠.	, , ,		

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

## For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

# **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

of Receipts

Page 3

Re	port Covering the Period: From:	000	2019	To:		2 4 2	- 0 )
	I. Receipts	1	COLUMN A			LUMN B r Year-to-D	ate
	Contributions (other than loans) From:	<del> </del>					
	(a) Individuals/Persons Other						
	Than Political Committees			æ	* - * -		
	(i) Itemized (use Schedule A)	,	7	. φ	,	٠,	. <i>K</i>
				<b>*</b>		* *	
	(ii) Unitemized	,	,	. 0	,	7	. <i>F</i>
	(iii) TOTAL (add			٠	•	•	
	Lines 11(a)(i) and (ii)▶	,	,	. Ø		,	. /
		,	,	(		•	
	(b) Political Party Committees	,		. Ø	•		. 4
	(c) Other Political Committees	,	,	۲ .		,	7
	(such as PACs)			. 0	_		
	(d) Total Contributions (add Lines	,	,	7	,	,	•
	11(a)(iii), (b), and (c)) (Carry					-	
	Totals to Line 33, page 5)▶			8			
,	Transfers From Affiliated/Other	7	7 -		<b>7</b>	,	
				X		•	
	Party Committees	7	<b>7</b> ·	. <b>Y</b>	7	7	- }
				đ	•		
3.	All Loans Received	,	,	. φ	. ,	, ,	. /
				4			
4.	Loan Repayments Received		_	<i>Ø</i>			
5.	Offsets To Operating Expenditures	,	7	(	,	,	
	(Refunds, Rebates, etc.)						
	(Carry Totals to Line 37, page 5)			Ø			
	Refunds of Contributions Made	,	,	. /	, ,	.,	•
	to Federal Candidates and Other			_			
	Political Committees			Ø			
	Other Federal Receipts	,	,		,	,	
	(Dividends, Interest, etc.)			<i>(</i> 2)			
	Transfers from Non-Federal and Levin Funds	,	,		7	-3.	. ,
							•
	(a) Non-Federal Account			<b>~</b>			
	(from Schedule H3)	,	,	. 0		•	
	·			ps -		•	
	(b) Levin Funds (from Schedule H5)	,	•	٠, ١	•	•	
	•	,	,				•
	(c) Total Transfers (add 18(a) and 18(b))			Ø			
	;	1	,	• •	. 7	1	•
2	Total Receipts (add Lines 11/d)						
J.	Total Receipts (add Lines 11(d),				•		
	12, 13, 14, 15, 16, 17, and 18(c))▶	. ,	,	. Ø	7	4,00	0.0
	Total Fadaval Bassists			•		3,00	
	Total Federal Receipts			$\sim$			
).	(subtract Line 18(c) from Line 19)▶			(1)			

FEC Form 3X (Rev. 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

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

# **DETAILED SUMMARY PAGE**

of Disbursements

Form 3Y (Rev. 02/2003)

	FEC Form 3X (Rev. 02/2003)					Page	5
111	. Net Contributions/Operating Expenditures		COLUMN al This Pe	•		LUMN B r Year-to-Dat	e
	Total Contributions (other than loans) (from Line 11(d), page 3)		,	. Ø		3,000	
34.	Total Contribution Refunds		•	<i>(</i>	14 - 4 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. *	A
	(from Line 28(d))	. 7	,	. ψ	<b>(3</b> )		. φ
35.	Net Contributions (other than loans)						-
	(subtract Line 34 from Line 33)	<b>;</b>	,	. <i>\theta</i>	. ,	<b>,</b> .	. 🌽
36.	Total Federal Operating Expenditures			, ,	* *.		A
	(add Line 21(a)(i) and Line 21(b))▶	,	,	<b>P</b>	,	<b>5</b> .	. Ψ
37.	Offsets to Operating Expenditures						
	(from Line 15, page 3)	,	,	- Ø	. 7		Ø
38.	Net Operating Expenditures	•			•		1
	(subtract Line 37 from Line 36)	,	, .	₽ . •		-, ··· · · .	. •

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 Detailed Summary Page 13 14 15 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) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address D D City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) w Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address M M / b'i D City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) -151 ٠, SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26	
Any information copied from such Reports and Statem		by any perso	28a 28b 28c 29 30b on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name	e and address of any political	committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  Landiagor-	Congressional	Action	· Committee	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement	Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
<u> </u>	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursement	
Mailing Address		-		
City	State Zip Code			
Purpose of Disbursement		ray filmar mansir sala	Amount of Each Disbursement this Period	
Candidate Name	I .	Category/ Type		
President	nent For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)		-		
C.	····		Date of Disbursement	
Mailing Address			Properties de la constantina del constantina de la constantina del constantina de la constantina del	
City	State Zip Code			
Purpose of Disbursement	Purpose of Disbursement			
Candidate Name Category			Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify)		and the second of the second o	
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TOTAL This Period (last page this line number only).		·····•	han Kamatara Dara Carabara Kamatara da makara kanal	

SCHEDULE C (FEC I	Form 3X)		
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Fu	II)	<u></u>	<u> </u>
$\tau$ // //		etion Committer	
Indiana Cranbe		<del>,</del>	ection:
LOAN SOURCE Full Name	(Last, First, Middle Initial)		Primary
			General
Mailing Address			Other (specify) ▼
-			
City	State ZIP	Code	
	Cumulative Paymen	ganaganang atau galamagan ga ang paganan ga ang pa Historian gananan ga ang paganan ga	Outstanding at Close of This Period  A section of the Control of t
TERMS Date Incurred	d Date [	Due Interest Rate	Secured:
M M / O O / Y	NAME OF THE PROPERTY OF THE PR	LAPARATAR POLINICOS	
List All Endorsers or Guar	antors (if any) to Loan Source		
1. Full Name (Last, First, M	Middle Initial)	Name of Employer	•
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	
2. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	The state of the s
Oity	State Zii Gode	Outstanding:	and the Committee of th
3. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	POWER TRANSPORTS TO TRANSPORTS
City	State ZIP Code	Guaranteed Gutstanding: Communication of the Commun	and the second s
4. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount Francisco Sala	ار المعادلي ( در المعلى د العملي د العملي عدد الري المعالي ما
City	State ZIP Code	Guaranteed Outstanding:	
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SUBTOTALS This Period This	Page (optional)		Control of the contro
TOTALS This Period (last page	e in this line only)	<b>▶</b>	senkert om de stad aven et er e
Carry outstanding balance on	ly 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				
Informati	on found on			
Page	of Schedule			

		<del></del>
NAME OF COMMITTEE (In Full)	•	FEC IDENTIFICATION NUMBER
Indiana Chamber Congressional	Action Commissee	C 00 4 0 5 5 9 7
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
	5 5	%
Mailing Address	Date Incurred or Established	TM TM / / / D T DT / TV V TV V TV
City State Zip Code	I Data Dua	M . M . 1 D . D . B . A . A . A . A
A. Has loan been restructured? No Yes	If yes, date originally incurred	MPN / POTE / POTE VIV
B. If line of credit,  Amount of this Draw:	Outstanding	e og en grand fra sykreter og en generale. Deg en gellek søkreter en 18 km 4 km 18 km 1
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the l property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers, similar traditional collateral?	at is the value of this collateral?
No Yes If yes, specify:		es the lender have a perfected securi
E. Are any future contributions or future receipts of interes	and the second control of the second control	at is the estimated value?
collateral for the loan? No Yes If yes, s		g et storge medige med systematigsfilte englandingsta ee systematigs in de versiere ee ee ee ee ee ee ee ee ee De sjorde ee ee stationer ee ee ee ej op de eenstallingsta ee
A depository account must be established pursuant		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:		
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:	
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:  s pledged for this loan, or if the amo	unt pledged does not equal or excee
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  The state of the types of collateral described above wa the loan amount, state the basis upon which this loan  G. COMMITTEE TREASURER	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which if	unt pledged does not equal or excee
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  The state of the lypes of collateral described above wa the loan amount, state the basis upon which this loan	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which it	unt pledged does not equal or exceet assures repayment.
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A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Date account established pursuant to 10.142(e)(2).  Date account established pursuant to 11. To Be SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the te are accurate as stated above.	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which it was made and the basis of the	unt pledged does not equal or excee t assures repayment.  DATE  In regarding the extension of the loan
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Date acco	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which it erms of the loan and other information cluding interest rate) no more favoral f comparable credit worthiness.	unt pledged does not equal or exceet assures repayment.  DATE  n regarding the extension of the loan ole at the time than those imposed for
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Mark / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which it the amo was made and the basis on which it the amo was made and the basis on which it the amo was made and the basis on which it the amo was made and the basis on which it the amo was made and the basis on which it the amo was made and other information cluding interest rate) no more favorate from the amount of the amo was made and the basis on which it is a specific or an amount of the amo was made and the basis on which it is a specific or an amount of the am	unt pledged does not equal or excee t assures repayment.  DATE  In regarding the extension of the loan ole at the time than those imposed for ich assures repayment, and has his loan.
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established:  Date acco	Location of account:  Address:  City, State, Zip:  s pledged for this loan, or if the amo was made and the basis on which it was made and the basis on which it cluding interest rate) no more favorate f comparable credit worthiness.  a loan must be made on a basis which it is the comparable credit worthiness.	unt pledged does not equal or exceet assures repayment.  DATE  In regarding the extension of the loan pole at the time than those imposed for ich assures repayment, and has

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DE	BTS AND OBLIGATIONS	i	(Use separate schedule(s)	FOR LINE NUMBER:				
	luding Loans		for each	(check only one) 9				
	<del></del>		numbered line)	10				
NAI	ME OF COMMITTEE (IN Full)  Typhiaaa Clamber Coast	essional Action Committee	ter					
1	A. Full Name (Last, First, Middle Initial) of De	btor or Creditor.	Nature of D	ebt (Purpose):				
			}					
-	Mailing Address							
	vialing Address		}					
f	City State	Zip Code						
t	Outstanding Balance Beginning This Period		<del></del>	***************************************				
	्राच्याच्याच्या स्वर्थक्रियाच्यास्य स्वर्थक्रियाच्यास्य स्वर्थक्रियाच्यास्य स्वर्थक्रियाच्याः । स्वर्थक्रियाच्य स्वर्थक्रियाच्या							
	Amount Incurred This Period	Downsont This Dorland	Outotoadir	an Delawar at Class of This Desired				
	For the effective transfer of the educations of the education of the e	Payment This Period  ক্ষেত্র		ng Balance at Close of This Period				
- }		rand Sandania	 					
-	<u> </u>	Salada ang manadh sa an an an an Ingara' sa an an an Ingara.						
'	<ol> <li>Full Name (Last, First, Middle Initial) of Deb</li> </ol>	nor or Creditor	Nature of 13	Nature of Debt (Purpose):				
			·					
1	Mailing Address	· · · · · · · · · · · · · · · · · · ·	<del></del>					
	Dity State	Zip Code						
	niy State							
•	Outstanding Balance Beginning This Period							
		•						
	Amount Insured This Period	Pouront This Poriod	Outstandin	a Balanca at Clara of This Period				
- }	Amount Incurred This Period ্তুত্তিত্বলৈ ক্ষেত্ৰত্বিকাশকলৈ ক্ষেত্ৰত কৰা ক্ষেত্ৰত কৰা না	Payment This Period ্বুসন্ত্ৰা ক্ষেত্ৰ কৰাৰ ব্যৱস্থা স্থানিক বিভাগ	Outstandin Servery Servery	g Balance at Close of This Period				
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	C. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Nature of De	Nature of Debt (Purpose):				
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_	Mailing Address	· · · · · · · · · · · · · · · · · · ·						
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C	Sity	State Zip Code						
	Outstanding Balance Beginning This Period							
	and the second s	•						
	Amount Incurred This Period	Payment This Period		g Balance at Close of This Period				
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1)	SUBTOTALS This Period This Page (optional).		P Standbooks	स्त्रीतिक अस्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक स्त्रीतिक				
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SCHEDULE E (FEC Form 3X)			
ITEMIZED INDEPENDENT EXPENDITURES			PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ¥
	_		C00405597
Indiana Chamber Congressional Action	Committee		
Check if 24-hour report 48-hour report New re	port Amends repo	ort filed on	
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Mailing Address		Am	nount
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Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
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Signature	Date	. Decision	kanana kanana - Tamanakan sakha santormada

### 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 (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) coordinated expenditures by a political party committee? ∏ NO YES Mailing Address If YES, name the designating committee: ZIP Code State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate is a set of the set of the set of the set of the self Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State -11M ≥ 1M\*3 Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > . klita valet eri Misrael er anti an il Massiera stava eller av ana d Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date

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					FEC Schedule F (Form 3X) Rev. 02/20

# 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)

ME OF COMMITTEE (In Full)
Indian 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)
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B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or  If the committee is spending more than 50% federal funds, indicate ratio below
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal

SCHEDULE H2	(FEC Form 3X)
ALLOCATION R	ΔΤΙΟς

ALLOCATION RATIOS		PAGE OF			
NAME OF COMMITTEE (In Full)		<del> </del>			
Ludiana Chamber Congressional Patlon Committee					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT				
Methods of allocation:					
<ol> <li>FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.</li> </ol>					
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public com- federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cand munications or voter drives	idates from the ac- that refer to both			
ACTIVITY OR EVENT IDENTIFIER		***			
	FEDERAL %	NONFEDERAL %			
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# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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# SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
				- <del></del>	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
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В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	ivialing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date
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 c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
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	City	State	Zip Code		Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
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# SCHEDULE H5 (FEC Form 3X)

# TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used by State, District and Loc		PAGE OF OF FORM 3
AME OF COMMITTEE (In Full)		
Indiana Chamber Co.	agrassional Action Comm	itter
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / O O / Y Y Y	,
		,
BREAKDOWN OF THIS TRANSFER		
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Total Amount Transferred for Vote	or Registration	
total Amount Transferred to: Vote	- , ,	
ii) Voter ID	٠. ٧	OTER ID
Total Amount Transferred for Vote	er, ID	1 Commence of the state of the
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iii) GOTV  Total Amount Transferred for GO		and the state of t
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iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
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ii) Voter ID	V	OTER ID Note: Antique Commission of the Commissi
Total Amount Transferred for Vote		$\overline{\hat{k}}$
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# 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)

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NAME OF COMMITTEE (In Full)		
Indiana Chamber Congressional Action	Committee	E
A. Full Name (Last, First, Middle Initial) / Full Organization Name		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	Province P	the spirit of the median median of The median district the spirit of the spirit
Purpose of Disbursement	Category/ Type	Date
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B. Full Name (Last; First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
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		Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	der ere weter mit	The could be a could be received at the attended on the could be a
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# SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)  Lindiana ( ambi-	Congressional Action	Lumittee
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
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7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	en germannen er en	<ul> <li>Section 1 and 1 and 2 and 3 and 3 and 4 and 5 a</li></ul>
8.	RECEIPTS(from Line 3)	en e	and the state of t
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11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		in the state of th

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

Full Name (Last, First, Middle Initial) / Full Organization Name

NAME OF COMMITTEE (In Full)

PAGE ÒF Use separate schedule(s) FOR LINE NUMBER: for each category of the Aggregation Page (check only one) 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. Date of Receipt  $\hat{\mathbf{W}} = \hat{\mathbf{W}} = \hat{\mathbf{V}} + \hat{\mathbf{W}} + \hat{\mathbf{$ 

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# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

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