

**FEC  
FORM 3X**

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

RECEIVED  
MAIL CENTER  
2019 JUL 29 AM 9:10

Office Use Only

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

12FE4M5

INDIANA CHAMBER CONGRESSIONAL ACTION  
COMMITTEE

ADDRESS (number and street) 115 W WASHINGTON ST, SUITE 850 S  
Check if different than previously reported. (ACC) INDIANAPOLIS IN 46204-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

0040592

3. IS THIS REPORT NEW OR AMENDED  
REPORT (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
  - Feb 20 (M2)
  - 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) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
  - Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01/01/2019 through 06/30/2019

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 *Jeff Brantley* Date 07/26/2019

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

Office Use Only									
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**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  
01 / 01 / 2019

To:

MM / DD / YYYY  
06 / 30 / 2019

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">13,926.90</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">13,926.90</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">0</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">13,926.90</span>	<span style="border: 1px solid black; padding: 2px;">13,926.90</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">20.00</span>	<span style="border: 1px solid black; padding: 2px;">20.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">13,906.90</span>	<span style="border: 1px solid black; padding: 2px;">13,906.90</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">0</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">0</span>	

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

NOTICE OF NON-RECORDATION

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

*Indiana Chamber Congressional Action Committee*

Report Covering the Period: From:

01 / 01 / 2019

To:

06 / 30 / 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).....

*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*

NOTED ON LINE 18 - 19 - 20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	20.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20.00	20.00
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20.00	20.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	20.00	20.00

2025 RELEASE UNDER E.O. 14176

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20.00	20.00

NON-RECORDED COPY

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

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

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

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

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

Mailing Address  
*1 E. Washington Ohio Street*

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

Purpose of Disbursement  
*Account analysis charge*

Candidate Name

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

State: District:

Date of Disbursement  
*10/10/2019*

FEC Identification Number  
*C*

Amount of Each Disbursement this Period  
*20.00*

Category/Type  
*001*

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Category/Type

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Category/Type

Memo Item

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

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

**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 <b>C00405597</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City	Date Due	
State		
Zip Code		

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
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NOT FOR FILING

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

PAGE 1 OF 1  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Indiana Chamber Congressional Action Committee</i>	FEC IDENTIFICATION NUMBER <i>C00405597</i>
--	---

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

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

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

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

\_\_\_\_\_

NOT FOR FILING

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

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

NAME OF COMMITTEE (In-Full) <i>Indiana Chamber Congressional Action Committee</i>		
NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

**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 MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**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).....	[ ]

NOTATION: NEW CONVENTION

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

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

NAME OF ACCOUNT

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

NON-RECORDED INFORMATION

**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  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



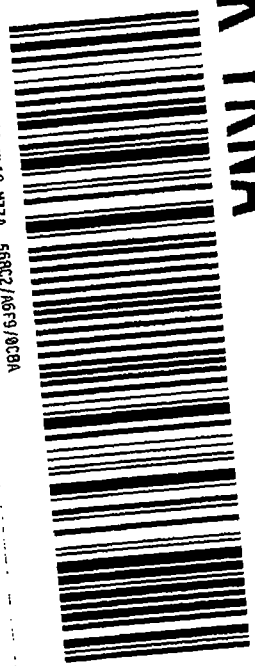
SS SS

Extremely Urgent

FedEx  
TKR 8111 9337 7877  
0215

SK YKNA

WED - 31 JUL AA  
EXPRESS SAVER  
20002  
DC-US  
IAD



FTD 5128233 26JUL19 WZZA 568C2 /A6F9 /0C8A

**FedEx** Package  
Express US Airbill  
FedEx  
Number 8111 9337 7877

1 From

Date 7-26-19

Sender's Name *Indiana State Chamber of Comm* 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

Recipient's Name *Federal Election Commission* Phone 202 696-1100

Company FEEL

Address *1000 E 4th Street, NE*  
We cannot deliver to PO, boxes or P.O. ZIP codes. *NE*

Address *Washington* State *DC* ZIP *20002*

City *Washington* State *DC* ZIP *20002*



0125937353

4 Express Package Service

Form ID No. 0215

Next Business Day

FedEx First Overnight  
Expedited next business morning, delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Priority Overnight  
Next business morning. FedEx shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight  
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

FedEx 2DAY AM  
Special business morning. Saturday Delivery NOT available.

FedEx 2DAY  
Special business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Express Saver  
Third business day. Saturday Delivery NOT available.

5 Packaging \*Declared value limit \$500

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube

6 Special Handling and Delivery Signature Options Fees may apply. See the Fed.

Saturday Delivery  
Not available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Does this shipment contain dangerous goods?  
Yes  No

Restrictions apply for dangerous goods - see the current FedEx Service Guide.

7 Payment Bill to:  
Sender  Recipient  Third Party  Credit Card  Cash/Check

Total Packages Total Weight

RECEIVED  
FEC MAIL CENTER  
2019 JUL 29 AM 9:10

Insert shipping document here.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FFD-EX</i>	Shipping Date <i>7-26-19</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>mf</i> PREPARER	<i>7-29-19</i> DATE PREPARED

20190726 10:00:00 AM