



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)**

(CFA-11)

State Form 40492 (R6 / 5-19)  
Indiana Election Division (IC 3-9-5-20, 3-9-5-22)

FILE NUMBER

20-012

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name <i>Hershberger for Sheriff</i>		2. Committee Telephone Number <i>(260) 410-4705</i>	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address <i>8927 Hessen Cassel Rd</i>			
4. City <i>Fort Wayne</i>	State <i>IN</i>	ZIP Code <i>46816</i>	5. Party Affiliation or If Independent Candidate <i>Republican</i>
6. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Sheriff - Allen Co.</i>		7. County of Residence <i>Allen</i>	
8. Reporting Period (mm/dd/yy): From <i>4/9/22</i> Through <i>5/1/22</i>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy)
			RECEIVED BY
Classification 1. INDV Phillip A. Marquell 1425 Sycamore Hills Pkwy Fort Wayne, IN 46814 Contributor's Occupation (if applicable)	Contributions <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	10,000.00	4/13/22 Troy Hershberger
Classification 2. Contributor's Occupation (if applicable)	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)		
Classification 3. Contributor's Occupation (if applicable)	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)		

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Cynthia A. Ribersal</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>4/13/22</i>
Signature of Candidate (if applicable) <i>Troy Hershberger</i>		Date (mm/dd/yy) <i>4/13/22</i>

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