

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes							
1 Full Name of Candidate (Include any sistences		DMMITTEE INFORM			_		
1. Full Name of Candidate (Include any nickname.)			ittee Telephone	Number			
Styphenie LuyAnn Cra			10810				
3. Mailing Address (Address where all campaign		nce is received.) 🔲 Ch	neck if this is a ne	w address.			
10214 Chestat Place Dr	#103						
4. City	State]		5. Party Affiliation or If Independent Candidate			
tot vaye	ユン	46814	Denne	Democratic			
6. Office Sought (Include district number, if any. I	lot required for explo	oratory committee.)	7. County of	of Residence	-		
8. Reporting Period (mm/dd/yy):		Aller	Aller				
8. Reporting Period (mm/dd/yy):	0				,, <u></u>		
From: 04 68/23	Through: 🔿 🕏	130123					
For classification, enter INDV for individual; PAC for political			r organization; OTHE	R for all entries which a	re not one of the a	bove categories.	
CONTRIBUTOR'S FULL NAME AND				COLU		DATE RECEIVED	
FULL MAILING ADDRES	SS		ONTRIBUTION R RECEIPT	AMOU	VT OF	(mm/dd/yy)	
(street, number, city, state, Z	P code)			CONTRIE	BUTION	RECEIVED BY	
Classification 1.		Contributions:				40/2-1-	
PAC ACT BLA Blas SUMMAR		☐ In-Kind (descr	ibe)	288.90	1	11/1/23	
SUMMITTED	(m.2.)	,		1			
Somerville MA	0444	Other Receipts:				6	
		☐ Interest ☐ L	oan			Sc	
		☐ Miscellaneous					
Contributor's Occupation (if applicable)						1	
Classification 2.		Contributions:		43		1.1	
PAL Act Blue		🕭 Direct		47.92		4/18/23	
366 Surce St		☐ In-Kind (descr	ibe)	l '] ' ']	
Act Blue 366 Smar Stt. Somerille MAO	2144						
		Other Receipts:				S c .	
		☐ Interest ☐ Lo					
		. ☐ Miscellaneous	(specify)			1	
Contributor's Occupation (if applicable)							
Classification 3.	•	Contributions:					
		☐ Direct☐ In-Kind (descri	ihal			i	
		I III-I (III de Joese)	<i></i>				
							
		Other Receipts:)an				
		☐ Miscellaneous					
Contributor's Occupation (if applicable)		<u> </u>					
	CERTIFICATION	ON			EOD OFFI	L USE ONLY	
CERTIFY THAT I HAVE EXAMINED THIS ST FRUE, CORRECT AND COMPLETE.			LEDGE AND B	ELIEF IT IS	COR OFFI	CE USE UNLT	
Signature of Treasurer	Title	""	Date (mm/dd/)	(y)			
MAKKL	Trea	isurer	04/19	/23			
Signature of Candidate (in applicable)	, ,		Date (mm/dd/)	(v)			
			07/19	/23			
Warning: Any information contained in this report ma	y not be copied for sa	le or used for any commerc	cial purpose, //C 3	9-4-5) A			

person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

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