

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 ☒ No | | | |
|---|---|---|--------------------------|
| | MITTEE INFORMATION | | |
| 1. Full Name of Candidate (Include any nickname.) Check if this is a new | | | |
| 3. Mailing and Crandal | (260,301-2 | 118 | |
| 3. Mailing Address (Address where all campaign finance correspondence in | Is received.) | address. | |
| 4. City Chestnut Plaza Dr. | | liation or If Independent Candid | ate |
| State Zip | 0814 Democratic | | |
| | Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence | | |
| Fax Wayne City Council As | 10.11 | | |
| 8. Reporting Period (mm/dd/yy): | Lea ge | | |
| | 30 23 | | |
| For classification, enter INDV for individual; PAC for political action committee: CORP for c | | R for all entries which are not one of th | e above categories. |
| CONTRIBUTOR'S FULL NAME AND OCCUPATION | TYPE OF CONTRIBUTION | COLUMN A | DATE RECEIVED (mm/dd/yy) |
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) | OR OTHER RECEIPT | AMOUNT OF CONTRIBUTION | RECEIVED BY |
| Classification 1. | Contributions: | | |
| HET DILL | Direct | | 24/27/22 |
| 366 Summer St. | ☐ In-Kind (describe) | \$19.03 | 01/21/23 |
| Somenile, MA 0214 | 4 | 711.00 | |
| 30(102) | Other Receipts: ☐ Interest ☐ Loan | 2 10 11 11 | SC |
| | ☐ Miscellaneous (specify) | | |
| Contributor's Occupation (if applicable) | | | |
| Classification 2. | Contributions: | | |
| 2. ActBlue 366 Summer St. Somemile, MARILL | ☑ Direct ☐ In-Kind (describe) | | 04/28/22 |
| 366 demmer ST. | | \$96.07 | 120/25 |
| Somerville, MACZ144 | Other Receipts: | p -10.01 | |
| | ☐ Interest ☐ Loan | | SC |
| | ☐ Miscellaneous (specify) | 100 | |
| Contributor's Occupation (if applicable) | | | |
| Classification 3. | Contributions: | 4 - 1/4 | |
| | ☐ In-Kind (describe) | | |
| | | | |
| | Other Receipts: | | |
| | ☐ Interest ☐ Loan | | |
| | ☐ Miscellaneous (specify) | | |
| Contributor's Occupation (if applicable) | | | |
| CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE | ST OF MY KNOW! FOCE AND B | FOR OF | FICE USE ONLY |
| TRUE, CORRECT AND COMPLETE. | | | |
| Signature of Treasurer Title | Date (mm/dd/y | 10/22 | |
| Signature of Candidate (if applicable) | Purer 04/2 | 8/23 | |
| Signature of Campinate (in applicable) | Date (mm/dd/y | 8/23 | |
| Warning: Any information contained in this report may not be copied for sale or | 10.12 | 915) 1 | |
| person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14- | 1-13) A person who fails to file a comple | te or accurate | |
| penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18) | ionication (10 3-14-1-14), and may be su | ibject to civil | |