



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

(CFA-11)

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.

FILE NUMBER
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. Audrey Rose Davis		2. Committee Telephone Number (260) 366-3659	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 4130 N. Washington		5. Party Affiliation or If Independent Candidate Democratic	
4. City Fort Wayne	State IN	ZIP Code 46804	7. County of Residence Allen
6. Office Sought (Include district number, if any. Not required for exploratory committee.) City Council		8. Reporting Period (mm/dd/yy): From: 10-14-2023 Through: 11-7-2023	

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.

Classification	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
1.	John Shoaff 3604 S. Washington Rd Fort Wayne, IN 46802 Contributor's Occupation (if applicable) Architect	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) _____	\$1,000	10/25/23 AD
2.	Robert Shoaff 2551 Westbrook Dr. Fort Wayne, IN 46806 Contributor's Occupation (if applicable) CEO	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) _____	\$1,000	10/29/23 AD
3.		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 Audrey Rose Davis	Title Treasurer	Date (mm/dd/yy) 10/31/2023
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY

FILED ELECTION BOARD
23 OCT 31 AM 11:49

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 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 fails 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)