



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)

FILE NUMBER _____

TOTAL PAGES IN ENTIRE CFA-11 REPORT _____

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.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) Check if this is a new name. **STEVE McMILLAN**

2. Committee Telephone Number **(219) 602-6606**

3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. **PO BOX 521**

4. City **New Haven** State **IN** ZIP Code **46779**

5. Party Affiliation or if Independent Candidate **Republican**

6. Office Sought (include district number, if any. Not required for exploratory committee.) **Mayor, City of New Haven**

7. County of Residence **Allen**

8. Reporting Period (mm/dd/yyyy) From: **April 7, 2023** Through: **October 13, 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.

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/yyyy) RECEIVED BY
Classification 1. Troy Woodruff 11732 Sea Star Dr Indianapolis, IN 46256 Contributor's Occupation (if applicable) Engineer/Executive	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) _____	1250.-	Sm 10/26/23
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 _____ Title **Treasurer** Date (mm/dd/yyyy) **10/26/23**

Signature of Candidate (if applicable) _____ Date (mm/dd/yyyy) **10/26/23**

FOR OFFICE USE ONLY

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