

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

IS THIS AN AMENDMENT? [Yes X] NO	COMMITTEE INFORMATI	ON		
1. Full Name of Candidate (Include any nickname.)				
Stroboni Loffen Cranday	(200	260) 301-2118		
3. Mailing Address (Address where all campaign finance corres	pondence is received.) 🔲 Check	if this is a new address.		
10214 Chestrus Pina Dr. A	/03			
4. City State	ZIP Code	5. Party Affiliation or If Independent Candidate		
tot voryn I IN	46814	7. County of Residence		
6. Office Sought (Include district number, if any. Not required fo		A)		
B. Reporting Period (mm/dd/yy):	<u> </u>	794		
15 11/11/20	11/05/22			
From: Through: For classification, enter INDV for individual; PAC for political action committee		anization: OTHER for all entries wi	nich are not one of the abo	ve categories
CONTRIBUTOR'S FULL NAME AND OCCUPATION			OLUMN A	DATE RECEIVED
FULL MALLING ADDRESS (street, number, city, state, ZIP code)	YPE OF CONTE OR OTHER RE	CEIPT AI	MOUNT OF NTRIBUTION	(Inm/ad/yy)
PACI	Contributions:		VIAIBUTION	RECEIVED BY
4 ->	☐ Direct			11/2/-
Act Blue	☐ In-Kind (describe)	45	61	1/02/23
36p Journes 25		10	x W 1	
366 Summe St. Somerille MA Ortally	Other Receipts:			20
· ·	☐ Miscellaneous (sp			
Contributor's Occupation (if applicable)	·	:		
Classification 2.	Contributions:			
	☐ Direct ☑ In-Kind (describe)			
Aller Country Democratic Pert 701 S. ainton S. Svite 100	Modia	300	0.00	1/02/23
EA Vage In 46806	Other Receipts:		•	C
(solver a large	☐ Interest ☐ Loan			3,0
	☐ Miscellaneous (sp	ecify)		ŀ
Contributor's Occupation (if applicable)				
Classification 3.	Contributions:			
	☐ In-Kind (describe)			
•	····			,
	Other Receipts:		-	
	☐ Interest ☐ Loan☐ Miscellaneous (sp			
Contributor's Occupation (if applicable)	ICATION		FOR OFFIC	I E USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT.		DGE AND BELIEF IT IS		A GOL ONL!
TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title		Date (mm/dd/yy)	-	n./
Marse -	Treasurer	11/03/23	23	
Signature of Candidate (if applicable)		Date (mm/dd/yy)	1	
As Colm		11/03/23		
Warning: Any information contained in this report may not be copie person who knowingly files a fraudulent report commits a Level 6 feld	ony. (IC 3-14-1-13) A person who falls	to file a complete or accurate	7	
report as required by the Indiana Campaign Finance Law commits a penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	Class B misdemeanor (IC 3-14-1-14),	and may be subject to civil		