

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

State Form 48492 (R4 / 11-05) Indiana Election Commission (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

1. Full Name of Candidate (include any nicknar	ne) 🔲 Check if this	is a new name 2. Com	mittee Telephone	Number	
Avorey Rose Davi	5	(_	366-3659	
3. Mailing Address (address where all campa		ndence is received)	heck if this is a new	<u> </u>	
4130					
4. City State ZIP		ZIP Code	5. Party Aft	5. Party Affiliation or If Independent Candidate	
Fort Wayne IN			De	Democratic	
6. Office Sought (include district number, If a	exploratory committee.)	7. County of	7. County of Residence		
City Council - a		A	Alter		
8. Reporting Period:				`	
From: 10-14-2023	Through:	-7-2023			
For classification, enter INDV for individual; PAC for po	litical action committee:	CORP for corporation; LAB for lai	oor organization; NONI	E for all entries which are not one of t	ne above categories.
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS		TYPE OF	CONTRIBUTION	COLUMN A DATE RECEIVED	
(street, number, city, stat			HER RECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification 1.	4ot Blue	Contributions:			
MARIA Valencia 51535 Avenida Bermudas La Quinta, CA 92253		Direct			
1 Vale	<i>بد</i> نم	☐ In-Kind (des	scribe)		111.10.08
MARIA A	ida Bermi	das	·	\$1,000	11(1/2023 AD (Ac) Blue)
51535 14000	cΔ	Other Receipts:	Loan	4 1,000	AD
La Quinta,	CA 927:	☐ Misc (specit	•		(A ABlue)
Contributor's Occupation (if applicable)	akon				Chesanoe)
Classification 2.		Contributions:			
		☐ Direct			
		☐ In-Kind (des	cribe)		
		Other Benefit			
		Other Receipts: ☐ Interest ☐	Loan		
		☐ Misc (specif	v)		
Contributor's Occupation (if applicable)				1	
Classification 3.		Contributions:		,	
·		☐ Direct			
		☐ In-Kind (des	cribe)		
		Others Describe			
		Other Receipts: ☐ Interest ☐	Loan		
		☐ Misc (specify	<i>(</i>)		
Contributor's Occupation (if applicable)					
	CERTIFIC			FOR O	FFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS TRUE, CORRECT AND COMPLETE.	S STATEMENT. TO	THE BEST OF MY KNO	WLEDGE AND B		
Signature of Treasurer Title			Date (MM-DD-YY) FILED ELECTION BUSHED		
Stanley WV:	asuren	11-2-2023 23 NOV 2 PM2:29		PML: LI	
Signature of Candidate (if applicable)			Date (MM-DD	-YY)	•
Warning: Any information contained in this repo person who knowingly files a fraudulent report cor	nmits a Class D felony	. (IC 3-14-1-13) A person who	fails to file a compl	lete or accurate	
report as required by the Indiana Campaign Finan penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-	ce Law commits a Cla	ss B misdemeanor (IC 3-14-1	-14), and may be su	ubject to civil	