

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

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)

(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 XNo **COMMITTEE INFORMATION** 1. Full Name of Candidate (Include any nickname.)

Check if this is a new name. 2. Committee Telephone Number Av Drey Rose Davis (210) 366-3159

3. Mailing Address (Address where all campaign finance correspondence is received.)

Check if this is a new address. 4. City
Fort Waye

6. Office Sought (Include district number, if any. Not required for exploratory committee.) 5. Party Affiliation or If Independent Candidate 7. County of Residence City Council - at large 8. Reporting Period (mm/dd/yy): Allen From: 16 14 23 - 11-7-23 Through: 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 DATE RECEIVED TYPE OF CONTRIBUTION (mm/dd/yy) AMOUNT OF OR OTHER RECEIPT (street, number, city, state, ZIP code) CONTRIBUTION RECEIVED BY Classification Contributions: Aller County Democrasic Party Win-Kind (describe)

701 South Clinton St.

Port Wayne IN 46802 | Digital Appartising Other Receipts: other \$1,000 ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Classification Contributions: □ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Classification Contributions: □ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) CERTIFICATION FOR OFFICE USE ONLY 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 Date (mm/dd/yy) 11-6-23 Date (mm/dd/yy) Signature/pf Candidate (if applieable) -FILED ELECT**ION** BOARD '13 NOV 6 AM 11:51 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