



**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

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.

**TOTAL PAGES IN ENTIRE CFA-11
REPORT**

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.		2. Committee Telephone Number ()	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.			
4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
6. Office Sought (Include district number, if any. Not required for exploratory committee.)			7. County of Residence

8. Reporting Period (mm/dd/yy):
From: _____ 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.

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.	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) _____		
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) _____		
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	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY

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)

INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be used by the treasurer of each candidate committee to report contributions under IC 3-9-5-20.1 or under IC 3-9-5-22, if a candidate for statewide office. This form consists of a single sheet to report "large contributions" that total at least \$1,000 received by a candidate's committee:

- (1) not more than twenty-five (25) days before a convention, primary, or election; and
- (2) no later than forty-eight (48) hours before the primary, election, or a convention.

Only candidate's committees that receive a "large contribution" that totals at least \$1,000 during this time period are required to file this report not later than forty-eight (48) hours after the large contribution is received. Exception: See statewide candidate instructions below.

IMPORTANT NOTE: STATEWIDE CANDIDATES AND STATE LEGISLATIVE CANDIDATES MUST FILE THIS FORM ELECTRONICALLY. Contact the Election Division at 800-622-4941 for more information.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES: For statewide candidates, a "large contribution" also means a single contribution that is at least ten thousand dollars (\$10,000) that is received at any time. This contribution must be reported not later than noon seven (7) days after it is received by the statewide candidate's committee. (IC 3-9-5-22)

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly in BLACK INK all information required. The current version of this form must be used. (IC 3-5-4-8)

You must complete each applicable item on this form. If additional pages are needed, attach copies of this form to the first page. Candidate and committee general information is not necessary to repeat on any additional pages. The contributions reported in this "supplemental" report must be included in the next CFA-4 report filed for this committee.

FILE NUMBER: Enter the number previously assigned by the Election Division or County Election Board for this committee.

ITEM 1: Enter full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 2: Enter committee's telephone number, including area code. (*This will typically be the committee's daytime telephone number.*)

ITEM 3: Enter mailing address of the committee. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check if this is a new address.

ITEM 4: Enter the committee's city, state, and ZIP code. If known, include the ZIP plus four.

ITEM 5: If the candidate supports the philosophy and ideals of a political party, enter the political affiliation. If the candidate is not affiliated with a political party, enter "Independent." A committee to retain an incumbent (*such as a justice or judge*) should enter "Independent." A write-in candidate must follow the same procedure, and enter a political party or "Independent." DO NOT enter "Write-in."

ITEM 6: Enter the full name of the office being sought by the candidate (*include district number, if any*). For example: "Indiana State Senator, District _____", "_____ County Sheriff", or "_____ City Common Council, District _____."

ITEM 7: Enter the candidate's county of residence.

ITEM 8: This report supplements a report previously filed by the committee for the committee's most recent reporting period. Enter the period covered by the supplemental report. For example, From: April 10, 2020 Through: April 30, 2020.

CONTRIBUTOR'S NAME, MAILING ADDRESS, AND OCCUPATION CLASSIFICATION

Enter the full name and mailing address of the contributor. 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.

IMPORTANT: When entering the name of a contributor, it is imperative to list the full name of the entity. Since contributions by corporations and labor organizations are limited by state law (IC 3-9-2-4), this is particularly important to avoid confusion between a contribution from a corporation and from that corporation's political action committee. For example, if you receive a contribution for "ABC Corporation PAC," do not enter the name of the contributor as "ABC Corporation." The same is true for labor organizations and their PACs. You must state clearly whether a contribution came from the "United Thumbtack Workers Union" or its political action committee, "STICKPAC."

If contributor is an individual, enter the specific occupation of that individual. Examples: "Attorney", or "Banker", NOT "Consultant."

TYPE OF CONTRIBUTION: Check the appropriate box. For in-kind contributions, describe the general product or service provided (*such as yard signs, bumper stickers, or mailings, etc.*). For "miscellaneous," be as specific as possible.

AMOUNT OF CONTRIBUTION: Enter the amount of each "large contribution," including transfers-in, in-kind contributions, loans, or other receipts.

CERTIFICATION: The treasurer of the candidate's committee must sign this report. If a person other than the candidate serves as treasurer of a candidate's committee, both the candidate and the treasurer must sign this certification.