



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

State Form 48492 (R7 / B-23)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

Reset Form

(CFA-11)

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 No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. <i>Jack Dodd</i>		2. Committee Telephone Number <i>(765) 860-1999</i>	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>775 Willouridge DR</i>			
4. City <i>Kokomo</i>	State <i>IN</i>	ZIP Code <i>46901</i>	5. Party Affiliation or if Independent Candidate <i>R</i>
6. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Commissioner #2</i>		7. County of Residence <i>Howard</i>	
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.

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 & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification 1. <input type="checkbox"/> <i>Brad Battin</i> <i>15366 Whistling Lane</i> <i>Carmel, IN 46033</i> Contributor's Occupation (if applicable): _____	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) _____	<i>2500</i>	<i>4/24/24</i>
Classification 2. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Brenda Dodd</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) _____
Signature of Candidate (if applicable) <i>Jack Dodd</i>		Date (mm/dd/yy) <i>4/25/24</i>

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)

FOR OFFICE USE ONLY

FILED

APR 26 2024

DEBBIE STEWART
Clerk Howard Cir. Court

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