

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

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.

(CFA-11)

FILE NUMBER

2023-

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes 🗸	No				1	
			NFORMATIO	N		
1, Full Name of Candidate (Include any nickname.) Check if this is a new name.		a new name.	2. Committee Telephone Number			
Donald C. Griffin Jr.			(812) 327-9232			
 Mailing Address (Address where all campaign fit PO Box 2162 	nance corresponde	ence is received	.) Check if	this is a new a	address.	
4. City	State	5. Party Affiliation or if Independent Candidate				
Bloomington IN 47402			Democrat			
6. Office Sought (Include district number, if any. N		ttee.) 7. County of Residence				
Mayor		Monroe				
8. Reporting Period (mm/dd/yy):	***************************************	Homov				
From: 04/08/2023	Through: 04/	30/23				
For classification, enter INDV for Individual; PAC for political			AB for labor groan	ization: OTHER	for all entries which are not one of the a	bove categories.
CONTRIBUTOR'S FULL NAME AND						DATE RECEIVED
FULL MAILING ADDRES (street, number, city, state, Zi	S		OR OTHER REC		COLUMN A AMOUNT OF CONTRIBUTION	(mm/dd/yy) RECEIVED BY
Classification 1. Donald Griffin Sr.		3 .	outions:			
INDV 5757 W. Daffodil Ct. Bloomington, IN 47403			☑ Direct ☐ In-Kind (describe)			
		□ In-				4/28/23
					\$1,000.00	
			Receipts:		Ψ1,000.00	A - A TO be constituted in A
ı		1	☐ Interest ☐ Loan		ſ	ActBlue/LA
aut	employed		scellaneous (spec	спу)		
Contributor's Occupation (if applicable) Retired/Not	employeu			•		
Classification 2.			Contributions: Direct			
		1	Kind (describe)			
			,,		ţ	
			Donaintos			
			Other Receipts:			
			☐ Miscellaneous (specify)			
Contributor's Occupation (if applicable)	·····					
Classification 3.		Contrib	outions:			
		□ in-	Kind (describe)			
			Receipts:			į į
			lerest 🗆 Loan			,
		I ^{LI} Mi	scellaneous (spe	city)		
Contributor's Occupation (if applicable)						
	CERTIFICA	TION			FOR OFF	ICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

TRUE, CORRECT AND COMPLETE. Date (mm/dd/yy) Signature of Treasurer Title Treasurer Date (mn/dd/yy)

Signature of Candidate (if applicable)

04/30/23

04/30/23

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 falls to file a complete or accurate report as required by the Indiana Gampaign 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)



CLERK MONROE CIRCUIT COURT