



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

State Form 48492 (R7 / 8-23)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(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.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

FILE NUMBER

2023-24

TOTAL PAGES IN ENTIRE CFA-11
REPORT

1

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. JOSEPH EDWARD (JOE)		2. Committee Telephone Number (812) 323-7427	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. PO BOX 1093			
4. City BLOOMINGTON	State IN	ZIP Code 47402	5. Party Affiliation or If Independent Candidate DEMOCRAT
6. Office Sought (Include district number, if any. Not required for exploratory committee.) CITY COUNCIL DISTRICT 1, BLOOMINGTON, IN			7. County of Residence MONROE
8. Reporting Period (mm/dd/yy): From: 04/08/2023 Through: 04/30/2023			

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. INDV BETTY ROSE NAGLE 806 S. PARK AVE BLOOMINGTON, IN 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) _____	(CUMULATIVE WAS 29618.85) \$481.27 (ACT BLUE 500.00 TOTAL)	04/12/2023 BL
Classification 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) _____		
Classification 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 May Bess Bunn	Title TREASURER: JOE LEE FOR C-11	Date (mm/dd/yy) 01/16/2024
Signature of Candidate (if applicable) Joe Lee		Date (mm/dd/yy) 01/16/2024
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

JAN 16 2024

CLERK MONROE CIRCUIT COURT

JAN 16 PM 1:49