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

State Form 48492 (R3/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

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.

COMMITTEE INFORMATION

1. Full Name of Candidate *(include any nickname)* ☐ Check if this is a new name: Kevin D. "Woody" Rider
2. Committee Telephone Number: (317) 847-6970
3. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 1473 Second Way
4. City: Carmel State: IN ZIP Code: 46033
5. Party Affiliation or If Independent Candidate: Republican
6. Office Sought *(include district number, if any. Not required for exploratory committee.)*: City Council At-Large
7. County of Residence: Hamilton
8. Reporting Period: From _____ Through 11-2-07

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE 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 / RECEIVED BY
Classification: A 1. Hamilton Co. Republican Party Central Comm. 7246 Fishers Crossing Dr Fishers, IN 46038 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*	1000 00	11-1-07 KDR
Classification: 2. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*		
Classification: 3. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(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 on File

Date *(MM-DD-YY)*

Date *(MM-DD-YY)* 11-3-07

...e or used for any commercial purpose. *(IC 3-9-4-5)* A ... *3-14-1-13)* A person who fails to file a complete or accurate ... 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

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