



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

State Form 48492 (R4 / 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**

1

**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) <input type="checkbox"/> Check if this is a new name Franklin W. Whelan		2. Committee Telephone Number ( 317 ) 598-1224	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 828 Sunblest Blvd			
4. City Fishers	State IN	ZIP Code 46038	5. Party Affiliation or if Independent Candidate
6. Office Sought (include district number, if any. Not required for exploratory committee.) Delaware Township Seat HSE School Board		7. County of Residence Hamilton	
8. Reporting Period: From: 10/14/16 Through: 11/06/16			

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.

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
				RECEIVED BY
1. INDV	James B Carr 15821 Bridgewater Club Blvd. Westfield, IN 46033  Contributor's Occupation (if applicable) Retired Dentist	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"/> Misc (specify)	\$1,000.00	10/17/16  Frank Whelan
2.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

**FOR OFFICE USE ONLY**

**KNOWLEDGE AND BELIEF IT IS**

Date (MM-DD-YY)

10/20/16

Date (MM-DD-YY)

10/20/16

commercial purpose. (IC 3-9-4-5) A  
who fails to file a complete or accurate  
4-1-14), and may be subject to civil