



**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)

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**

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name KEVIN WOODY RIDER			2. Committee Telephone Number (317) 847-6970	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> 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.) CARMEL CITY COUNCIL AT-LARGE			7. County of Residence HAMILTON	
8. Reporting Period: From: 4/11/15 Through: 4/29/15				

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 PAC	1. MIBOR PAC 1912 N MERIDIAN ST INDPLS., IN 46202 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"/> Misc (specify) _____	\$1,000.00	4/28/15 KDR
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"/> Misc (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"/> Misc (specify) _____		

OF MY KNOWLEDGE AND BELIEF IT IS

Date (MM-DD-YY)

Date (MM-DD-YY)

4/29/15

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

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TAMMY BAITZ

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4/29/15