

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

(CFA-11)

State Form 48492 (R5 / 10-17) 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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

COMMITTEE INFORMATION					
1. Full Name of Candidate (Include any nickname.) Check if this is a new name. 2. Committee Telephone Number					
William L. Burse JR "Bill" 502,1649-8744					
3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.					
2123 Vetuens PKWy					
4. City State ZIP Code Tefferson // 4730		5. Party Affiliation or If Independent Candidate			
6. Office Sought (Include district number, if any. Not required for exploratory committee.)		7. County of Residence			
Jefferentle City Courcil District Z		CCAYC			
8. Reporting Period (mm/dd/yy):					
From: Through:					
For classification, enter INDV for individual; PAC for political action committee: CORP for corp	oration; LAB for labor orga	anization; OTHER	for all entries which a	are not one of the above	ve categories.
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTR OR OTHER RE	IBUTION	COLU		DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification 1. B. LL & Angi & Buley	Contributions:	ALCOHOLD !	, contra	Bonon	RECEIVED BY
2014 St. Andrews Road	□ In-Kind (describe)		\$2500°	0	1/11/19
2014 St. Andrews Road Jeffusonelle. In 47130		_,			1(11/11
	Other Receipts:	- 1			
	☐ Interest ★ Loan ☐ Miscellaneous (sp	ecify)			
Contributor's Occupation (if applicable) Self Endaged		_			
Classification 2.	Contributions:				
	☐ Direct ☐ In-Kind (describe)				
		_			
	Other Receipts:				
	☐ Interest ☐ Loan	vest v			
p.	☐ Miscellaneous (sp	ecify)			
Contributor's Occupation (if applicable)		_;			
Classification 3.	Contributions:				
	☐ In-Kind (describe)	- 1			
		_			
	Other Receipts:				
	☐ Interest ☐ Loan				
	☐ Miscellaneous (sp	ecify)			
Contributor's Occupation (if applicable)		- 9		50D 05510	
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLE	DGE AND BE	LIEF IT IS	FOR OFFIC	E USE ONLY
TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title		Date (mm/dd/yy)		
(X)) X Trease	ever	1/14	119		
Signature of Candidate (if applicable)		Date (mm/dd/yy			
L / X / A		1-16	,-19		
Warning: Any information centained 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 misde penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)					