



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

29-01-20A10:01

filed after deadline
(CFA-11)

State Form 48492 (R6 / 5-19)

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**

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. TIMOTHY R. HAUBER		2. Committee Telephone Number (502) 664 9221	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1008 S. SHERWOOD AVE.			
4. City CLARKSVILLE	State IN.	ZIP Code 47129	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) CLARKSVILLE TOWN COUNCIL - DIST 1			7. County of Residence CLARK
8. Reporting Period (mm/dd/yy): From: 1-1-19 Through: 12-31-19			
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 (mm/dd/yy)
			RECEIVED BY
Classification 1. BRIAN & KRISTY SMITH 4980 ST. JOHNS RD. GREENVILLE, IN. 47124 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)	1500.00	10-25-19
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
[Signature]

Title
TREA.

Date (mm/dd/yy)
1-15-20

Signature of Candidate (if applicable)
[Signature]

Date (mm/dd/yy)
1-15-20

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

