

A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)

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.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

1

## COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. Treva E. Hodges		2. Committee Telephone Number ( 812 ) 896-5647	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. Box 575			
4. City Charlestown	State IN	ZIP Code 47111	5. Party Affiliation or If Independent Candidate Democrat
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor, City of Charlestown			7. County of Residence Clark
8. Reporting Period (mm/dd/yy): From: 10/12/19 Through: 10/31/19			
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 A	1. Ninth Congressional District Democratic Central Committee 3732 W. Parkview Drive Bloomington, IN 47404  Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Google Advertisement</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,000.00	10/30/19  Comm. Elect Treva Hodges
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 <u>Jim James</u>	Title Treasurer	Date (mm/dd/yy) 10/31/19
Signature of Candidate (if applicable) <u>Treva E. Hodges</u>		Date (mm/dd/yy) 10/31/2019

**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

FILED  
OCT 31 2019  
Susan Papp  
CLERK CLARK CIRCUIT COURTS