



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

State Form 48492 (R7 / 8-23)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

APR 2 2024 AM 10:39

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

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

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) ☐ Check if this is a new name. Abraham (Abe) Navarro		2. Committee Telephone Number (502) 650-3591	
3. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address. 2918 Chestnut Eagle Ridge			
4. City Jeffersonville	State IN	ZIP Code 47130	5. Party Affiliation or If Independent Candidate Republican
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Judge of the Clark Circuit Court No. 5			7. County of Residence Clark
8. Reporting Period (mm/dd/yy): From: 04/01/2024 Through: 04/07/2024			

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 & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification ☐	1. Abraham Apolinario Navarro 2918 Chestnut Eagle Ridge Jeffersonville, IN 47130 Contributor's Occupation (if applicable) Judge	Contributions: ☐ Direct ☒ In-Kind (describe) Yard Signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	\$1072.14	04/01/2024 Abraham (Abe) Navarro
Classification ☐	2. Contributor's Occupation (if applicable)	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____		
Classification ☐	3. Contributor's Occupation (if applicable)	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ 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 	Title Treasurer	Date (mm/dd/yy) 04/01/2024
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 04/01/2024

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

APR 02 2024

CLERK CLARK CIRCUIT COURTS