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

(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: 1 of 2

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Ruth E. (Ruthie) Jackson
2. Committee Telephone Number: (502) 773-7474
3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: P.O. Box 583
4. City: Charlestown | State: IN | ZIP Code: 47111
5. Party Affiliation or If Independent Candidate: Republican
6. Office Sought *(Include district number, if any. Not required for exploratory committee.)*: Mayor of Charlestown, IN
7. County of Residence: Clark
8. Reporting Period *(mm/dd/yy)*: From: 10/14/23 Through: 11/6/23

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: IND 1. Chris Garten 200 W. Washington St. Indianapolis, IN 46204 Contributor's Occupation *(if applicable)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1,500.00	10/17/23 Donna Johns
Classification: Corp 2. Barnes + Thornburg, LLC 11 S. Meridian St. Indianapolis, IN 46204 Contributor's Occupation *(if applicable)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1,000.00	10/17/23 Donna Johns
Classification: Ind 3. Chambers For Indiana 935 N. Meridian St. Indianapolis, IN 46204 Contributor's Occupation *(if applicable)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1000.00	10/19/23 Donna Johns

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	Date *(mm/dd/yy)*
Donna Johns	Treasurer	11/7/23
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*

FOR OFFICE USE ONLY

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)*

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FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT 2 of 2

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Ruth F. (Ruthie) Jackson
2. Committee Telephone Number: (502) 773-7474
3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: P.O. Box 583
4. City: Charlestown | State: IN | ZIP Code: 47111
5. Party Affiliation or If Independent Candidate: Republican
6. Office Sought *(Include district number, if any. Not required for exploratory committee.)*: Mayor of Charlestown, IN
7. County of Residence: Clark
8. Reporting Period *(mm/dd/yy)*: From: 10/14/23 Through: 11/16/23

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: PAC 1. Commonwealth Engineers PAC 7256 Company Dr. Indianapolis, IN 46237 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	11/16/23 Donna Johns
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	Date *(mm/dd/yy)*
Donna Johns	Treasurer	12/7/23
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*

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