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)

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.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: OTHER 1. The Sprister Limited Partnership Mary E. Sprister 2601 Old Vincennes Rd New Albany IN 47150 Contributor's Occupation (if applicable): N/A	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	1000.00	9-14-22 SM
Classification: IND 2. Jason Franklin 2019 Sterling Oaks Dr. Sellersburg IN 47172 Contributor's Occupation (if applicable): Business Owner	Contributions: ☐ Direct ☑ In-Kind (describe): Furniture Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	$ 2180.00	9-14-22 SM
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)
	Candidate	9-26-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
		9-14-22

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
CLERK CLARK CIRCUIT COURTS
SEP 26 2022
Susan Popp

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)

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.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Austin Wiggam 314 Center St. New Washington IN 47162 Contributor's Occupation *(if applicable)*: Lumber Sales	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	10-9-22
Classification: INDV 2. Michael Fulkerson 293 Bartholomew Blvd. Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*: Car Sales	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	10-9-22
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)*
	Candidate	10-11-22
Signature of Candidate *(if applicable)*		**Date *(mm/dd/yy)***
		10-11-22

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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FILED
CLERK CLARK CIRCUIT COURTS
OCT 11 2022

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: CORP 1. Sodrel Truck Lines one Sodrel Dr. Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*: trucking	Contributions: ☐ ~~Direct~~ ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$2000.00	10/13-22 SN
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)*
	Candidate	10-13-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
		10-13-22

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

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CLERK CLARK CIRCUIT COURTS
OCT 13 2022

SEP 28 2022 AM 9:38

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Toni Hedrick William Hedrick 811 Allison Ln. Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*: Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	9-27-22 SM
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)*
	Candidate	9-28-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
		9-28-22

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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CLERK CLARK CIRCUIT COURTS
SEP 28 2022

SEP 19 2022 AM 9:21

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: OTHER 1. Five Bonner Medical LLC 2011 Andres Way Floyds Knobs IN 47119 Contributor's Occupation *(if applicable)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1000.00	9-18-22
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)*
	Candidate	9-19-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
		9-19-22

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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FILED
CLERK CLARK CIRCUIT COURTS
SEP 19 2022

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Randall Westerfield 2403 Ridgewood Ct. Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*: Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	08/07 SM
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)*
Scott Maples	Candidate	8-8-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		8-8-22

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
CLERK CLARK CIRCUIT COURTS
AUG 08 2022
Susan Popp

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: ~~INDV~~ 1. Jamey Noel, 3001 old Tay Bridge, Jeffersonville IN 47130. Contributor's Occupation *(if applicable)*: police officer	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	$5,000.00	SM 8-2-22
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)*
Scott Maples	Candidate	8/3/22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		8/3/22

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
CLERK CLARK CIRCUIT COURTS
AUG 02 2022

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

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. **Full Name of Candidate** *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.
2. **Committee Telephone Number**: (502) 314-4585
3. **Mailing Address** *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO Box 252
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.)*: Clark Co. Sheriff
7. **County of Residence**: Clark
8. **Reporting Period** *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: Other 1. Red Ball Recycling, LLC PO Box 2454 Clarksville IN 47129 Contributor's Occupation (if applicable): Recycling	Contributions: ☒ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) ____	$5000.00	7-22-22
Classification: Other 2. Summitt Trucking, LLC PO Box 0334 Jeffersonville IN 47130 Contributor's Occupation (if applicable): Trucking	Contributions: ☒ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) ____	$1000.00	7-22-22
Classification: INDV 3. Douglas Kiesler 11067 Highway 150 Greenville IN 47124 Contributor's Occupation (if applicable): Gun sales	Contributions: ☒ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) ____	$2000.00	7-22-22

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**: Candidate | **Date** *(mm/dd/yy)*: 7-22-22

Signature of Candidate *(if applicable)* | **Date** *(mm/dd/yy)*: 7-22-22

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
CLERK CLARK CIRCUIT COURTS
JUL 22 2022

JUL 27 2022 AM 9:26

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.
2. Committee Telephone Number: (502) 314-4585
3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252
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.)*: Clark County Sheriff
7. County of Residence: Clark
8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: OTHER 1. KP Underwriting LLC 8704 Commerce Park Dr. Sellersburg IN 47172 Contributor's Occupation *(if applicable)*: Underwriting	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 1000.00	7-26-22
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)*
Scott Maples	Candidate	7-27-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		7-27-22

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
CLERK CLARK CIRCUIT COURTS
JUL 27 2022

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)

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.: Scott "Scottie" Allen Maples Jr.

2. **Committee Telephone Number**: (502) 314-4585

3. **Mailing Address** *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. **County of Residence**: Clark

8. **Reporting Period** *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: OTHER 1. Clark County Republican Party PO Box 952 Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 1500.00	8-1-22
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)*
S. Allen Maples	Candidate	8-1-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
S. Allen Maples		8-1-22

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
CLERK CLARK CIRCUIT COURTS
AUG 01 2022
Susan Popp

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)

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.: Scott "Scottie" Allen Maples Jr.

2. **Committee Telephone Number**: (502) 314-4585

3. **Mailing Address** *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. **County of Residence**: Clark

8. **Reporting Period** *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Allison Willen 7060 Pounds Rd Underwood IN 47177 Contributor's Occupation *(if applicable)*: Secretary	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	8-3-22 SM
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)*
Scott Maples	Candidate	8-4-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		8-4-22

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
CLERK CLARK CIRCUIT COURTS
AUG 03 2022

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)

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.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Tony Bennett 3105 Country Club Lane Jeffersonville IN 47130 Contributor's Occupation *(if applicable)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$ 5,000.00	8-17-22 SM
Classification: Corp 2. Admirals Anchor Marina Inc 4000 Utica Pike Jeffersonville IN 47130 Contributor's Occupation *(if applicable)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$ 1,000.00	8-16-22 SM
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)*
Scott Maples	Candidate	8-17-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		8-17-22

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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CLERK CLARK CIRCUIT COURTS
AUG 17 2022
Susan Popp

AUG 26 2022 AM 9:11

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: ~~INDV~~ 1. Kari P. Estes 2611 Utica Pike Jeffersonville IN 47130 Contributor's Occupation *(if applicable)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$7000. ω	8-25-22
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)*
[signature]	Candidate	8-22-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
[signature]		8-26-22

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
CLERK CLARK CIRCUIT COURTS
AUG 26 2022
Susan Popp

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. John Martin 6721 Bull Creek Rd Charlestown IN 47111 Contributor's Occupation *(if applicable)*: Farmer	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	8-28-22
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)*
Scott Maples	Candidate	8-29-22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		8-29-22

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

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CLERK CLARK CIRCUIT COURTS
AUG 29 2022
Susan Popp

JUL 25 2022 PM 2:24

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.	2. Committee Telephone Number
Scott "Scottie" Allen Maples Jr.	(502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO BOX 252

4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
Jeffersonville	IN	47130	Republican

6. Office Sought *(Include district number, if any. Not required for exploratory committee.)*	7. County of Residence
Clark County Sheriff	Clark

8. Reporting Period *(mm/dd/yy)*:
From: 4-9-22 Through: 10-14-22

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 ~~INDV~~ 1. Allan Parnell 10416 Dove Chase Circle Louisville KY 40299 Contributor's Occupation *(if applicable)* Trucking	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	7-25-22
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)*
Scott Maples	Candidate	7/25/22
Signature of Candidate *(if applicable)* Scott Maples		Date *(mm/dd/yy)* 7/25/22

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
CLERK CLARK CIRCUIT COURTS
JUL 25 2022

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)

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.: Scott "Scottie" Allen Maples Jr.

2. Committee Telephone Number: (502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: PO BOX 252

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.)*: Clark County Sheriff

7. County of Residence: Clark

8. Reporting Period *(mm/dd/yy)*: From: 4-9-22 Through: 10-14-22

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: INDV 1. Steve Robinson 1520 Oak Mount Dr. Jeffersonville IN 47130 Contributor's Occupation *(if applicable)*: real estate	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1000.00	10-28-22 SM
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)*
	Candidate	10/28/22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
		10/28/22

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
CLERK CLARK CIRCUIT COURTS
OCT 28 2022

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Candidate *(Include any nickname.)* ☐ Check if this is a new name.	2. Committee Telephone Number
Scott Maples Jr. (Scottie Maples)	(502) 314-4585

3. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO BOX 252

4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
Jeffersonville	IN	47130	Republican

6. Office Sought *(Include district number, if any. Not required for exploratory committee.)*	7. County of Residence
Clark County Sheriff	Clark

8. Reporting Period *(mm/dd/yy)*:
From: 04-09-2022 Through: 10-14-2022

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: OTHER 1. CLARK COUNTY REPUBLICAN PARTY PO BOX 952 JEFFERSONVILLE IN 47130 Contributor's Occupation *(if applicable)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$3,500.00	06-01-2022 S.M.
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)*
Scott Maples	Candidate	06-1-2022
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Scott Maples		06-1-2022

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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CLERK CLARK CIRCUIT COURTS
JUN 02 2022
Susan Popp