



**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

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. CRYSTAL DAWN SANBURN		2. Committee Telephone Number (317) 694-0837	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 739 RIVERVIEW DR			
4. City KOKOMO	State IN	ZIP Code 46901	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) KOKOMO COMMON COUNCIL, DISTRICT 6		7. County of Residence HOWARD	
8. Reporting Period (mm/dd/yy): From: JANUARY 1, 2023 Through: APRIL 13, 2023			

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. REALTOR PAC 143 W MARKET ST. STE 100 INDIANAPOLIS, IN 46204 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) _____	\$2000.00	4/17/23
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 <i>Debbie M. Stewart</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) 4/19/23
Signature of Candidate (if applicable) <i>Crystal Dawn Sanburn</i>		Date (mm/dd/yy) 4/17/23

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 17 2023

DEBBIE STEWART
Clerk Howard Cir. Court



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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. GREGORY ARON DAVIS		2. Committee Telephone Number 765 860-2126	
3. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address. 3280 FRANCES LN, RO KONO IN 46902			
4. City RO KONO	State IN	ZIP Code 46902	5. Party Affiliation or if Independent Candidate REPUBLICAN
6. Office Sought (include district number, if any. Not required for exploratory committee.) RO KONO IN CNT Council, DISTRICT 5		7. County of Residence HOWARD	
8. Reporting Period (mm/dd/yy): From: 04/11/2023 Through: 04/14/2023			

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. INDIANA REARHORS POLITICAL 143 W. MARKET ST, SUITE 100 INDIANAPOLIS, IN. 46204 Contributor's Occupation (if applicable) _____ Classification 2.	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) _____ Contributors: <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) _____ Contributor's Occupation (if applicable) _____ Classification 3.	\$2,000.00	04/14/2023	GREG DAVIS

Contributor's Occupation (if applicable) _____

Classification 3.

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 Debbie Stewart	Title TREASURER	Date (mm/dd/yy) 04/17/2023
Signature of Candidate (if applicable) Gregory Aron Davis	Date (mm/dd/yy)	04/17/2023

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APR 17 2023

DEBBIE STEWART
Clerk Howard Cir. Court
12:49 P.M.