



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY
A CANDIDATE'S COMMITTEE
CONTRIBUTIONS OR MORE**

(\$1,000)

(CFA-11)

State Form 48492 (R5 / 10-17)

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

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. Leslie Gay Fatum		2. Committee Telephone Number ()	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 506 Secretariat Cir			
4. City Kokomo	State IN	ZIP Code 46901	5. Party Affiliation or If Independent Candidate Democrat
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Howard County Council District 3		7. County of Residence Howard	
8. Reporting Period (mm/dd/yy): From: April 20 (p.m.) Through: April 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 1. <input checked="" type="checkbox"/> OTHER Howard County Democratic Party 341 N. Main Street Kokomo IN 46901 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) _____	\$3,000	04/20/18 (p.m.) Leslie Fatum
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 Julie J. Dale	Title Treasurer	Date (mm/dd/yy) 4/21/18
Signature of Candidate (if applicable) Leslie G. Fatum		Date (mm/dd/yy) 4/22/18

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 23 2018
KIM WILSON
Clerk Howard Cir. Court