



**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
1

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.) <input type="checkbox"/> Check if this is a new name. TYLER MOORE		2. Committee Telephone Number (765) 860-8745	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. BOX 2147			
4. City KOKOMO	State IN	ZIP Code 46904-2147	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR		7. County of Residence HOWARD	
8. Reporting Period (mm/dd/yy): From: 10/12/19 Through: 11/03/19			

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.

Classification	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
OTHER	1. Friends for Karickhoff PO Box 6772 Kokomo, IN 46902 Contributor's Occupation (if applicable) Political Committee	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)	\$5,000.00	10/28/19 RON METZ
OTHER	2. McCann Legal LLC 1830 S. Plate St. Kokomo, IN 46902 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)	\$1,000.00	10/28/19 RON METZ
	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 	Title Treasurer	Date (mm/dd/yy) 10/29/2019
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/29/19

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

OCT 30 2019

DEBBIE STEWART
Clerk Howard Cir. Court



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FILE NUMBER
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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. TYLER MOORE		2. Committee Telephone Number (765) 860-8745	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. BOX 2147			
4. City KOKOMO	State IN	ZIP Code 46904-2147	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR		7. County of Residence HOWARD	
8. Reporting Period (mm/dd/yy): From: 10/12/19 Through: 11/03/19			

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Classification	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
INDIV	1. Stephen R. Henshaw 4340 Washington Blvd. Indianapolis, IN 46205 Contributor's Occupation (if applicable) <u>CEO</u>	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)	\$2,500.00	10/25/19 RON METZ
INDIV	2. Craig A. & Jennifer A. Barnhart 11294 Canopy Way Zionsville, IN 46077 Contributor's Occupation (if applicable) <u>Sales</u>	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)	\$1,000.00	10/25/19 RON METZ
	3.	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 	Title Treasurer	Date (mm/dd/yy) 10/25/2019
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/25/19

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OCT 25 2019

DEBBIE STEWART
Clerk Howard Cir. Court

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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IS THIS AN AMENDMENT? Yes No

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COMMITTEE INFORMATION

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3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. BOX 2147			
4. City KOKOMO	State IN	ZIP Code 46904-2147	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR		7. County of Residence HOWARD	
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				RECEIVED BY
INDIV	1. Tom Hearn 532 Sagebrush Dr. Kokomo, IN 46901 Contributor's Occupation (if applicable) <u>Dentist</u>	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)	\$1,000.00	10/23/19 RON METZ
	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)		
	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 	Title <u>Treasurer</u>	Date (mm/dd/yy) <u>10/23/2019</u>
Signature of Candidate (if applicable) 		Date (mm/dd/yy) <u>10/23/19</u>

FOR OFFICE USE ONLY

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OCT 23 2019
DEBBIE STEWART
Clerk Howard Cir. Court

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IS THIS AN AMENDMENT? Yes No

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3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. BOX 2147			
4. City KOKOMO	State IN	ZIP Code 46904-2147	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR		7. County of Residence HOWARD	
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				RECEIVED BY
OTHER	1. Beam, Longest and Neff, L.L.C. 8320 Craig St. Indianapolis, IN 46250 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) _____	\$2,500.00	10/19/19 RON METZ
OTHER	2. The Nice Law Firm, LLP 1311 W. 96th St., Ste 200 Indianapolis, IN 46260 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) _____	\$1,000.00	10/19/19 RON METZ
	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 	Title Treasurer	Date (mm/dd/yy) 10/21/2019
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/21/19

FOR OFFICE USE ONLY

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OCT 21 2019

DEBBIE STEWART
Clerk Howard Cir. Court

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				RECEIVED BY
INDIV	1. Ronald J. & Lisa A. Metz 724 Nutmeg Lane Kokomo, IN 46901 Contributor's Occupation (if applicable) <u>Accountant</u>	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)	\$2,500.00	10/17/19 RON METZ
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)		
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CERTIFICATION

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Signature of Treasurer 	Title Treasurer	Date (mm/dd/yy) 10/12/2015
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/18/19

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DEBBIE STEWART
Clerk Howard Cir. Court