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

(CFA-11)

State Form 48492 (R4 / 11-05)
Indiana Election Commission (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)* ☐ Check if this is a new name: Colleen Fanning
2. Committee Telephone Number: (317) 523 7554
3. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 6134 Carrollton Avenue
4. City: Indianapolis — State: IN — ZIP Code: 46220
5. Party Affiliation or if Independent Candidate: Republican
6. Office Sought *(include district number, if any. Not required for exploratory committee.)*: City-County Council, District 2
7. County of Residence: Marion
8. Reporting Period: From: 10/9/2015 Through: 12/31/2015

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE 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 / RECEIVED BY
Classification: PAC 1. Friends of Mike McQuillen PO BOX 50022 Indianapolis IN 46250 Contributor's Occupation *(if applicable)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*	$1,000.00	10/25/15 CF
Classification: 2. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*		
Classification: 3. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(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: [signature] — Title: Treasurer — Date (MM-DD-YY): 10/26/2015

Signature of Candidate *(if applicable)*: [signature] — Date (MM-DD-YY): 10/26/2015

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 Class D 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 26 2015
Myla A. Eldridge