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

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

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

COMMITTEE INFORMATION

1. Full Name of Candidate *(include any nickname)* ☐ Check if this is a new name: SAM GOLDSTEIN
2. Committee Telephone Number: (317) 8500726
3. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 1075 Broad Ripple Ave #102
4. City: INDIANAPOLIS | State: IN | ZIP Code: 46220
5. Party Affiliation or if Independent Candidate: LIBERTARIAN
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: 11/3/2015 Through: 11/3/2015

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: INDV 1. William Ostele 4020 Washington Blvd INDPLS #46202 Contributor's Occupation *(if applicable)*: Busn. Owner	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)*	$4000.00	SAM GOLDSTEIN
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	Title	Date (MM-DD-YY)
Ethan Owens	Treasurer	11/3/15
Signature of Candidate *(if applicable)*		**Date** *(MM-DD-YY)* 11/3/15

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 [illegible] demeanor *(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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Myla A. Eldridge

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