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 & 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

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nicknames) ☐ Check if this is a new name: Pamela L. Hickman
2. Committee Telephone Number: 317 946-4494
3. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address: 8464 Dean Rd
4. City: Indianapolis State: IN ZIP Code: 46250
5. Party Affiliation or if Independent Candidate: Democrat
6. Office Sought (include district number, if any. Not required for exploratory committee.): CCC District 3
7. County of Residence: Marion
8. Reporting Period: From _____ Through _____

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. Hogsett for Indianapolis 133 Market St #190 Indianapolis, IN 46204 Contributor's Occupation (if applicable):	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	1,000.00	10/21/15
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): 10/22/15

Signature of Candidate (if applicable): [signature] Date (MM-DD-YY): 10/22/15

Warning: Any information contained in this report may not be used 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

Myla A. Eldridge

OCT 22 2015

FILED

To Marion Co. Election Board

From: Ed Mahern

10-22-2015

cell No. 317-590-5899

FAX: 317-781-0886

Pages 2

Resent

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