



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

State Form 48492 (R3/11-05)  
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.

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-11 REPORT</b>
2

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name Mike PAFF For School Board		2. Committee Telephone Number ( 260 ) 493-4630	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 8505 Old Orchard Trail			
4. City New Haven, IN	State IN	ZIP Code 46774	5. Party Affiliation or If Independent Candidate NON-PARTISAN
6. Office Sought (include district number, if any. Not required for exploratory committee.) EAST ALLEN COUNTY SCHOOLS (EACS) SCHOOL BOARD -		7. County of Residence Allen	
8. Reporting Period: From: Through: IR At Large			

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. ADAMSWELLS ALLEN PAC 229 W. BERRY ST STE 100 FORT WAYNE IN 46802-2200 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"/> Misc (specify)	3,100 <sup>00</sup>	10-27-2012 Mike PAFF
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"/> Misc (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"/> 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 Julie E. [Signature]	Title Treasurer	Date (MM-DD-YY) 10-29-2012
Signature of Candidate (if applicable) Mike PAFF [Signature]		Date (MM-DD-YY) 10/29/2012

**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**