



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)

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

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. Jennifer Matthias		2. Committee Telephone Number (260) 450 -1060	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 9808 Skipjack Cove			
4. City Fort Wayne	State IN	ZIP Code 46835	5. Party Affiliation or If Independent Candidate Non-Partisan (school board)
6. Office Sought (Include district number, if any. Not required for exploratory committee.) FWCS School Board District 2		7. County of Residence Allen	
8. Reporting Period (mm/dd/yy): From: 10/10/2020 Through: 11/01/2020			

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.

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
Classification 1. PAC I-PACE 150 West Market Street Suite 900 Indianapolis, IN 46204 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	10/21/2020
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"/> Miscellaneous (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"/> 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) 10/22/2020
Signature of Candidate (If applicable) 		Date (mm/dd/yy) 10/22/2020

FOR OFFICE USE ONLY

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)