**SUPPLEMENTAL “LARGE CONTRIBUTION” REPORT BY A CANDIDATE’S COMMITTEE ($1,000 CONTRIBUTIONS OR MORE)**

**State Form 48492 (RS / 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.

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**IS THIS AN AMENDMENT? □ Yes ☑ No**

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### COMMITTEE INFORMATION

1. **Full Name of Candidate (Include any nickname.)**
   - Friends of Mayor Winnecke

2. **Committee Telephone Number**
   - (812) 402-1049

3. **Mailing Address (Address where all campaign finance correspondence is received.)**
   - P O Box 15371

4. **City**
   - Evansville

5. **ZIP Code**
   - 47716

6. **Office Sought (Include district number, if any. Not required for exploratory committee.)**
   - Mayor of Evansville IN

7. **County of Residence**
   - Vanderburgh

8. **Reporting Period (mm/dd/yy):**
   - From: 10/25/19 Through: 10/31/19

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### CONTRIBUTOR’S FULL NAME AND OCCUPATION

#### FULL MAILING ADDRESS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Contributor’s Full Name and Occupation</th>
<th>Full Mailing Address (street, number, city, state, ZIP code)</th>
<th>Type of Contribution or Other Receipt</th>
<th>Column A Amount of Contribution</th>
<th>Date Received (mm/dd/yy)</th>
<th>Received By</th>
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</thead>
<tbody>
<tr>
<td>INDV</td>
<td>Kathryn &amp; Robert Hendrada</td>
<td>315 Bellefonte Dr Ashland, KY 41101</td>
<td>Contributions: Direct</td>
<td>$1,000.00</td>
<td>10/31/19</td>
<td>Gary Dicis CPA</td>
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<td>CORP</td>
<td>Tri-State Orthopaedic Surgeons Inc</td>
<td>225 Crosslake Drive Evansville, IN 47715</td>
<td>Contributions: Direct</td>
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<td>10/31/19</td>
<td>Gary Dicis CPA</td>
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<td>PAC</td>
<td>CHA Consulting PAC</td>
<td>300 S Meridian St Indianapolis, IN 46225</td>
<td>Contributions: Direct</td>
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<td>10/31/19</td>
<td>Gary Dicis CPA</td>
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**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):** 10/31/19

**Signature of Candidate (if applicable):**

**Title:**

**Date (mm/dd/yy):** 10/31/19

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**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-8) 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 is 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).
### COMMITTEE INFORMATION

1. **Full Name of Candidate** (Include any nickname.)
   - Friends of Mayor Winnecke
   - Check if this is a new name.

2. **Committee Telephone Number**
   - (312) 402-1049

3. **Mailing Address** (Address where all campaign finance correspondence is received.)
   - P O Box 15371
   - Check if this is a new address.

4. **City**
   - Evansville

5. **State**
   - IN

6. **ZIP Code**
   - 47716

7. **Party Affiliation or If Independent Candidate**
   - Republican

8. **Office Sought** (Include district number, if any. Not required for exploratory committee.)
   - Mayor of Evansville IN

9. **County of Residence**
   - Vanderburgh

10. **Reporting Period** (mm/dd/yy): From: 10/25/19 Through: 10/31/19

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### CONTRIBUTOR'S FULL NAME AND OCCUPATION

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<th>Type of Contribution or Other Receipt</th>
<th>Amount of Contribution</th>
<th>Date Received</th>
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<tbody>
<tr>
<td>OTHER</td>
<td>Welborn Plaza LLC</td>
<td>P O Box 333, Cunnensville, PA 16833</td>
<td>Contributions:</td>
<td>$1,000.00</td>
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**Signature of Candidate (if applicable)**

**Name:**

**Title:**

**Date (mm/dd/yy):** 10/31/19

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### FOR OFFICE USE ONLY

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