**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)

**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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**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) [ ] Check if this is a new name

   **Frank T. Short**

2. Committee Telephone Number

   **(317) 917-0800**

3. Mailing Address (address where all campaign finance correspondence is received) [ ] Check if this is a new address

   **P.O. Box 44128**

4. City

   **Indianapolis**

5. State

   **IN**

6. ZIP Code

   **46244**

7. Party Affiliation or if Independent Candidate

   **Democrat**

8. Office Sought (include district number, if any. Not required for exploratory committee.)

   **Washington Township Trustee**

9. County of Residence

   **Marion**

10. Reporting Period:

    **From October 11, 2014**

    **Through November 2, 2014**

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.

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**CONTRIBUTOR'S FULL NAME AND OCCUPATION**

**FULL MAILING ADDRESS**
(street, number, city, state, ZIP code)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Contributor's Full Name and Occupation</th>
<th>Type of Contribution or Other Receipt</th>
<th>Column A: Amount of Contribution</th>
<th>Date Received</th>
<th>Date Received by</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>INDY FOR SHORT</td>
<td></td>
<td>$5,000</td>
<td>10/25/2014</td>
<td>Karina E. Bruns (Treasurer)</td>
</tr>
</tbody>
</table>

**P.O. BOX 441428**

**INDIANAPOLIS, IN 46244**

**Contributor's Occupation (if applicable): Former Candidate for Mayor of Indianapolis**

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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**

**Date (MM-DD-YY)**

**Treasurer**

10-21-14

**Signature of Candidate (if applicable)**

**Date (MM-DD-YY)**

10-27-14

**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 3-9-4-16)