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

*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)**
   - Mary Ann Sullivan

2. **Committee Telephone Number**
   - (317) 345 3782

3. **Mailing Address (address where all campaign finance correspondence is received)**
   - 315 W. Walnut St

4. **City**
   - Indianapolis

5. **State**
   - IN

6. **ZIP Code**
   - 46202

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

8. **Office Sought (include district number, if any. Not required for exploratory committee)**
   - 1PS Snail Board (At-Large)

9. **County of Residence**
   - Marion

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**REPORTING PERIOD:**

**From:** 10/30/14

**Through:** 10/31/14

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**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**

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**Classification**

1. **PAC**
   - Indy Chamber Business Advisory PAC
   - 315 Monument Circle
   - Indianapolis, IN 46204

   **Contributions:**
   - Direct
   - In-Kind (describe)
   - Mail Consulting/Petitioning

   **Other Receipts:**
   - Interest
   - Loan
   - Misc (specify)

   **$4,362.33**

   **Date Received:** 10/30/14
   **Date Received By:** Mary Ann Sullivan

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**Classification**

2.

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**Classification**

3.

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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**

Clain D. Christie

**Title**

Treasurer

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

10/31/14

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**FOR OFFICE USE ONLY**

**Filed**

Oct 31, 2014

*Cheryl A. White*