

1 of 2

MENTAL "LARGE CONTRIBUTION" REPORT
DIDATE'S COMMITTEE
ONTRIBUTIONS OR MORE)

Reset Form
(CFA-11)

(R7 / 9-23)
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.) Check if this is a new name. Peter Iversen
2. Committee Telephone Number
3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. 518 N COLONY CT
4. City BLOOMINGTON State IN ZIP Code 47408
5. Party Affiliation or if Independent Candidate DEM
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Commissioner Dist 2
7. County of Residence MONROE
8. Reporting Period (mm/dd/yyyy):
From: 4/13/2024 Through: 5/5/2024

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 & ACCEPTED (mm/dd/yyyy) RECEIVED BY
Classification 1. INDV ALAN HOGAN 661 E 9th St Indianapolis, IN 46202 Contributor's Occupation (if applicable) SALES/MKTG	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	4/27/2024
Classification 2.	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.	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: [Signature] Title: Treasurer Date (mm/dd/yyyy): 4/29/24
Signature of Candidate (if applicable): [Signature] Date (mm/dd/yyyy): 4/29/2024

FOR OFFICE USE ONLY

Warning: Any information generated 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 3-14-7-13) 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)

FILED

APR 30 2024

CLERK MONROE CIRCUIT COURT

APR 30 AM 10:08