

INSTRUCTIONS: Please type or print legibly in black ink. See instructions on reverse side of the form. This form is to be used by an organization or a committee, other than the candidate's committee, that receives a contribution or makes an expenditure on behalf of a candidate. The treasurer of the organization or committee shall report to the candidate's committee all information about a contribution received or an expenditure made on behalf of the candidate that the treasurer of the candidate's committee is required to report about the contribution or the expenditure if it had been received or made by the candidate's committee. An expenditure is considered to be on behalf of a candidate if either of the following applies: (1) the expenditure is made in support of the candidate who is specifically identifiable; or (2) the expenditure is made in opposition to an opponent: (A) of the candidate; and (B) who is specifically identifiable. An expenditure is not considered to be made on behalf of a candidate if the expenditure is made to inform the members of the organization or for the development of the committee's political party.

Upon receipt of this form by the candidate's committee, the treasurer must enter the contribution or expenditure (transfer-in) in the committee's records for disclosure in the committee's Receipts and Expenditures Report (CFA-4 form). (IC 3-9-5-15)

DO NOT FILE THIS FORM WITH THE INDIANA FLECTION DIVISION OR ANY COUNTY FLECTION BOARD.

THIS NOTICE IS TO BE GIVEN DIRECTLY TO THE CANDIDATE'S COMMITTEE.				
REPORTING PERIOD				
Organization or Committee Name:       ☐ Corporation / Labor       ☐ Partnership / LLC       ☐ PAC       ☐ Regular Party Committee         ☐ Legislative Caucus Committee       ☐ Other Candidate's Committee       ☐ Other Organization				
Candidate's Committee Name				
DIRECT CONTRIBUTIONS RECEIVED				
Date Received (MM-DD-YY)	Received From	n	Occupation  Required if the contributor made aggregate contributions of at least \$1,000 to this committee during the calendar year. (optional otherwise)	Amount
		URES MADE (In-Kin		
Date (MM-DD-YY)	Made To		Purpose	Value
		OF DELEGATION		
CERTIFICATION  I CERIFY THAT I HAVE EXAMINED THIS NOTICE AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.				
Signature of Treasurer  Telephone Number (Day)  Telephone Number (Evening)  Date (MM-DD-YY)				
		( )	( )	

## INSTRUCTIONS FOR COMPLETING THIS FORM

**NOTICE:** This notice must be transmitted immediately to the candidate's committee. Failure to do so may create discrepancies in the subsequent reports of the candidate's committee.

This form shall be maintained as part of the records of the candidate's committee for the same period of time as required of all other records. Copies of Form CFA-5 received by the committee should be retained by the committee for not less than three (3) years from the date received or one (1) year from the date of the receiving committee's disbandment.

For verification purposes, the political committee sending Form CFA-5 should also maintain a copy of the notice in its records.

**REPORTING PERIOD:** Enter the reporting period in which the events described in this notice occurred. (such as pre-primary, pre-convention, pre-election, etc.)

**COMMITTEEE OR ORGANIZATION NAME:** Enter the name of the committee or organization initiating the notice.

**CANDIDATE'S COMMITTEE NAME:** Enter the name of the candidate's committee receiving the notice.

## DIRECT CONTRIBUTIONS RECEIVED:

**DATE RECEIVED:** Enter the date the contribution was received by the committee or organization for the candidate's committee.

**RECEIVED FROM:** Enter the name of the person from whom the contribution was received.

OCCUPATION: Enter the specific occupation. Examples: "Attorney," "Banker," "Engineer," - NOT "consultant."

**AMOUNT:** Enter the amount of the contribution received.

## **EXPENDITURES MADE:**

**DATE:** Enter the date the expenditure was made by the committee or organization (in-kind contribution) on behalf of the candidate's committee.

**MADE TO:** Enter the name of the person to whom the expenditure was made.

PURPOSE: Enter the purpose for which the expenditure was made. (i.e. campaign buttons, letterhead, etc.)

**VALUE:** Enter the amount or value of the expenditure.

**CERTIFICATION:** The treasurer of the committee must sign this report. Enter the treasurer's telephone number, including area code. Enter the date the notice is prepared.