



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R6 / 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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nicknames.) Check if this is a new name. **Therese M. Brown**

2. Committee Telephone Number **260 237-7151**

3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
19734 Dunton Road

City **Fort Wayne** State **IN** ZIP Code **46845**

5. Party Affiliation or If Independent Candidate **Republican**

6. Office Sought (Include district number, if any. Not required for exploratory committees.) **Commissioner - District 2**

7. County of Residence **Allen**

8. Reporting Period (mm/dd/yy):
From: **4-9-22** Through: **5-3-22**

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 (mm/dd/yy) |
|---|---|---------------------------------------|---|
| | | | RECEIVED BY |
| Classification 1. Beers Matters 110 West Perry Street Suite 1100 Fort Wayne, IN 46802 | 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) | 1800 | 5-27-22 Therese M. Brown |
| Classification 2. Contributor's Occupation (if applicable) | 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. Contributor's Occupation (if applicable) | 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 Title _____ Date (mm/dd/yy) **5-28-22**

Signature of Candidate (if applicable) Date (mm/dd/yy) **5-28-22**

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 Level 6 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 3-9-4-18)

FOR OFFICE USE ONLY

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