

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

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.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENDMENT? Yes No COMMITTEE INFORMATION					11		
1. Full Name of Candidate (Include any nickname.) Check if this is a new name. 2. Commit					umber		
Citizens to Elect Tom Didier				260) 387-5163			
3. Mailing Address (Address where all campaign fi	nce is received.)						
303 E. Washington Blvd. #101							
4. City State ZIP Cod			de 5. Party Affili		ation or If Independent Candidate	. ***	
Fort Wayne IN 4686		46802)2		Republican		
6. Office Sought (Include district number, if any. Not required for exploratory of			e.)	7. County of Residence			
Mayor, City of Fort Wayne				ALLEN			
8. Reporting Period (mm/dd/yy):							
From: 4/12/23 Through: 4/12/23							
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			TYPE OF CONTRIB		COLUMN A	DATE RECEIVED (mm/dd/yy)	
FULL MAILING ADDRESS (street, number, city, state, ZIP code)		'	OR OTHER REC	CIDT ANICONT OF	AMOUNT OF CONTRIBUTION	RECEIVED BY	
Classification CORP Salvatori's, Inc. 10337 Illinois Rd Fort Wayne, IN 46814 Contributor's Occupation (if applicable) Classification INDV James Kahn 5229 Wyndemere Ct Fort Wayne, IN 46835 Contributor's Occupation (if applicable) Business Ow		Contributing Direct University In-Kin	ont (describe) / Receptoin s reipts: est	cify)	\$1,122.00 \$1,000.00	4/12/23 TD 4/12/23 TD	
Classification 3.		Contributio	ons:	1			
		☐ Direc					
		☐ In-Kir	nd <i>(describe)</i>	!			
Contributor's Occupation (if applicable)			elpts: est □ Loan ellaneous (spec	sify)			

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

4/13/23

TRUE, CORRECT AND COMPLETE
Signature of Treasurer

Title
Date (mm/dd/yy)

Treasurer

4/13/23

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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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