

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

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19)

IS THIS AN AMENDMENT? Tyes V No

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

1. Full Name of Candidate (Include any nickname.)	2. Committee Telephone Number							
Thomas Francis Didier ( 260 ) 387-5163								
3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.								
303 E Washington Blvd., Suite 101								
4. City State ZIP C		ZIP Code	Code		5. Party Affiliation or If Independent Candidate			
Fort Wayne IN 468		46802		Republican				
6. Office Sought (Include district number, if any. Not required for exploratory			ee.)	7. County of Residence			:	
Mayor, City of Fort Wayne				ALLEN				
8. Reporting Period (mm/dd/yy):								
From: 4/18/2023 Through: 4/19/2023								
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)  Classification 1.			TYPE OF CONTRIBUTION OR OTHER RECEIPT  Contributions:				DATE RECEIVED (mm/dd/yy)  RECEIVED BY	
					CONT	KIBUTION	RECEIVED BY	
Classification 1.		Condida:						
Chad Parent		☐ In-K	ind (describe)				TFD	
6715 Hursh Road							IFU	
Fort Wayne, IN 46845		Other Re	Other Receipts:		\$5,000.00			
			☐ Interest ☐ Loan				4/18/2023	
	☐ Misc	☐ Miscellaneous (specify)						
Contributor's Occupation (if applicable) Physical Therapist								
Classification 2.			Contributions:					
INDV Michael Swinford			Direct		Ì			
15023 Heron Lake Crossing Fort Wayne, IN 46814			ind (describe)		T		TFD	
i on majno, na moun					\$1,000.00			
			Other Receipts:		, , , , , , , , , , , , , , , , , , , ,		4/19/2023	
_			☐ Interest ☐ Loan ☐ Miscellaneous (specify)				4/13/2020	
Contributor's Occupation (if applicable) DV51N-ess								
Solitibutor 3 Socialistic (in approache)	- 00.0-			•				
Classification 3.		1	Contributions:  Direct In-Kind (describe)					
		☐ In-Ki						
		i		. 1				
		Other Re	Other Receipts:					
			☐ Interest ☐ Loan			•		
			☐ Miscellaneous (specify)					
Contributor's Occupation (if applicable)				. [				
CERTIFICATION FOR OFFICE USE ONLY								
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS								

COMMITTEE INFORMATION

Signature of Treasurer Linda Heddens Title

Date (mm/dd/yy)

**TREASURER** 

4/20/23

Date (mm/dd/yy)

Signature of Candidate (if applicable)

4/20/23

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)

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