

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				1		
		OMMITTEE					
1. Full Name of Candidate (Include any nickname.) Check If this is a new name.				2. Committee Telephone Number			
Sean Johnson		(260 ₎ 715-7303					
3. Mailing Address (Address where all campaign fin	ance correspond	lenca is received) 🔲 Check if	this is a new	address.		
1213 Taylor St							
4. City State ZIP Co.			do 5. Party Affili		ation or if independent Candidate		
Fort Wayne IN 4680			2 Democr		rat		
6. Office Sought (include district number, if any. Not required for exploratory c			ammittee.) 7. Co		7. Caunty of Residence		
City Council At Large			Allen				
8. Reporting Period (mm/dd/vy):							
From: 04/08/2023	Through: 04/	30/2023					
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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. DATE REGE							
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (streel, number, city, state, ZIP code)			TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT OF	(mm/dd/yy)	
					CONTRIBUTION	RECEIVED BY	
Classification 1. INDV Conni Toth 8211 Post Oak Ct Fort Wayne, IN 46825			utons:				
			☐ In-Kind (describe) Char Recepts:		\$1,000.00		
						04/20/2023	
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						SJ	
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Contributor's Occupation (FappScalts) Management	Consultant		······································	-			
Classification 2.			Contibutions. Direct In-Kind (describe)			l	
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Contributor's Occupation (if applicable)							
Classification 3.			Contributions:				
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			Securitaria lata	very)			
Contributor's Occupation (if epplositie)					l .	1	

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

Treasurer

Treasurer

O4/21/23

Signature of Candidate (if applicable)

Date (min/dd/yr)

Date (min/dd/yr)

Date (min/dd/yr)

04/21/23

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 accorate 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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