

Signature of Treasurer

Linda Heddens

Signature of Candidate (if applicable)

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

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R7 / 8-23) 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

2/2

IS THIS AN AMENDMENT? Yes N					2/2				
		MMITTEE INF							
1. Full Name of Candidate (Include any nickname.)	new name. 2,	•							
Thomas F. Didier		(260) 387-5163							
3. Malling Address (Address where all campaign final	nce corresponden	ce is received.)	Check it	this is a nev	v address.				
303 E. Washington Blvd. #101					·				
1 7	,. t	ZIP Code		5. Party Affiliation or if Independent Candidate					
	IN	46802		Republican					
6. Office Sought (Include district number, if any. Not r	ratory committee.))	7. County of Residence						
Mayor, City of Fort Wayne			ALLEN						
8. Reporting Period (mm/dd/yy):									
From: 10/18/2023 Through: 10/39/2023									
For classification, enter INDV for individual; PAC for political action	on committee: CORP (for corporation; LAB f	or labor organ	ization; OTHE	R for all entries which are not one of	The first of the second			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS			E OF CONTRIE	BUTION	COLUMN A ACCEPTE AMOUNT OF AND ACCEPTE AMOUNT OF				
(street, number, city, state, ZIP co	ode)	0	R OTHER REC	EIPT	CONTRIBUTION	(mm/dd/yy) RECEIVED BY			
Classification 1.		Contributions	s:			INCOMPED DI			
DAG	P	☐ Direct							
MOINNA STATE REPO	ublican (ATE In-Kind Mailer	(describe)		#0 0E0 40				
101 W OHIO ST		- Ivialiei			\$3,852.13	10/19/23 TD			
		Other Receip				10/19/23 10			
INDIANAPOUS IN 46204			☐ Intérest ☐ Loan ☐ Miscellaneous (specify)						
		7500	anoono topor						
Contributor's Occupation (if applicable) Financial Service	s executive	Contributions				· · · · · · · · · · · · · · · · · · ·			
Classification 2. Deg co OILLLC 11736 Leo Rd Fort Wayne IN 46845			•						
			(describe)		AT 000 00				
					\$5,000.00				
			ts:			10/ 20 123 TD			
			☐ Interest ☐ Loan						
1 or wayne in		Miscella Miscella	☐ Miscellaneous (specify)						
Contributor's Occupation (if applicable)									
Classification 3.			Contributions; Direct In-Kind (describe)						
		I							
		- Transito	(accountary	Î					
		Other Receipt	in-			-			
		☐ Interest							
		☐ Miscella	neous (spec	ify)					
Contributor's Occupation (if applicable)									
	CERTIFICATIO	N			FOR O	FFICE USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATE TRUE, CORRECT AND COMPLETE.	EMENT. TO THE	BEST OF MY K	NOWLED	GE AND BI	ELIEF IT IS				

Date (mm/dd/yy)

Date (mm/dd/yy)

10/20/2023

10/20/2023

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 falls 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)

Title

Treasurer

FILED ELECTION BOARD 128 OCT 20 PH2:45



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Full Name of Candidate (Include any nickname.)		ITTEE INFORMAT	ION e Telephone N	lumber				
Thomas F. Didier (260) 387-5163								
3. Mailing Address (Address where all campaign fina 303 E. Washington Blvd. #101	nce correspondence is	received.)	if this is a new	address.				
4. City State ZIP C Fort Wayne IN 46		6802	5. Party Affiliation or If Independent Candidate Republican					
6. Office Sought (Include district number, if any, Not i					<u> </u>			
Mayor, City of Fort Wayne		ALLEN						
8. Reporting Period <i>(mm/dd/yy):</i> From: 10/18/2023	Through: 10/ 79 /20	23						
For classification, enter INDV for individual; PAC for political acti	on committee: CORP for co	rporation; LAB for labor orga	anization; OTHE	R for all entries whic	th are not one of the abo	ove categories. DATE RECEIVED &		
CONTRIBUTOR'S FULL NAME AND OC FULL MAILING ADDRESS (street, number, city, state, ZIP c		TYPE OF CONTR OR OTHER RE		AMO	LUMN A OUNT OF FRIBUTION	ACCEPTED (mm/dd/yy) RECEIVED BY		
Classification 1. INDIV DON CATES 128 W BRACKER	Contributions: Direct In-Kind (describ Other Receipts:			\$1,500.00		10/18/23 TE		
FORT WAYNE (U)		☐ Miscellaneous (specify)						
Contributor's Occupation (if applicable) Financial Services Executive Classification 2. INDIV JIM BURNS 6409 S 425 E WOLCOTTULE IN 46795		Contributions: Direct In-Kind (describe) Other Receipts: Interest I Loan Miscellaneous (specify)		\$1,031.13		10/18/23 TD		
Contributor's Occupation (if applicable) Retired		Cantalina						
Classification 3. NICHOLAS CLOCCA 6933 MANGROVE LN FORT WAYNE (W 46835)		Contributions: Direct In-Kind (describe) Other Receipts: Interest I Loan Miscellaneous (specify)		\$1,000.00		10/19/23 TD		
Contributor's Occupation (if applicable) Retired	CERTIFICATION	-			FOR OFFIC	E USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATI		ST OF MY KNOWLED	GE AND BE	LIEF IT IS	101101110			
Signature of Treasurer Title Linda Heddens Treasurer			Date (mm/dd/yy) 10/20/2023		·			
Signature of Candidate (if applicable)		Date (mm/dd/yy) 10/20/2023						
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