

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.

TOTAL PAGES IN ENTIRE CFA-11 REPORT

FILE NUMBER

IS THIS AN AMENDMENT? 🗌 Yes 🔳				1			
	_	DMMITTEE INFORM		lumbo-			
1. Full Name of Candidate (Include any nickname.) Check if this is a new name. Thomas F. Didier 2. Committee Telephone Number (260) 387-5163							
		<u>`</u>	eck if this is a nev				
3. Mailing Address (Address where all campaign fin 303 E. Washington Blvd. #101	ance corresponde	-				·	
		ZIP Code 46802	I — -	5. Party Affiliation or If Independent Candidate Republican			
Fort Wayne IN 46 6. Office Sought (Include district number, if any. Not required for explorator			_		of Residence		
Mayor, City of Fort Wayne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 -	ALLEN				
8. Reporting Period (<i>mm/dd/yy</i>): _{From:} 10/16/2023	Through: 10/17	7/2023					
For classification, enter INDV for Individual; PAC for political at	ction committee: CORP	for corporation; LAB for labor	organization; OTHE	R for all entries which	h are not one of the abo		
CONTRIBUTOR'S FULL NAME AND O FULL MAILING ADDRESS (street, number, city, state, ZIP	i		ONTRIBUTION R RECEIPT	AMC	LUMN A DUNT OF RIBUTION	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY	
Classification 1. INDV INDV TEFFREY FREIBU 7030 MONCLOVI	irgen	Contributions: Direct In-Kind (descr	ibe)	\$2,500.00			
MAUMER OH	n KD ₩3537	Other Receipts: ☐ Interest ☐ L ☐ Miscellaneous				TD 10/16/23	
Contributor's Occupation (if applicable) Retired		Contributions:					
Classification 2. INDV LISA HINOJOSA BYOT CENTENTEND DR FORT WAYNE W 46815		Direct			\$5,000.00		
		Other Receipts: Interest L Miscellaneous					
Contributor's Occupation (if applicable) Registered Nurs							
Classification 3.		Contributions: Direct In-Kind (descr	ibe)				
		Other Receipts: ☐ Interest ☐ Le ☐ Miscellaneous					
Contributor's Occupation (if applicable)			·		EUD UEEIG	E USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATULE CORRECT AND COMPLETE. Signature of Treasurer	Title		Date (mm/dd		FOR OFFIC	E USE UNLT	
Signature of Candidate (if applicable) Warning: Any information contained in this report may person who knowingly files a fraudulent report commits	not be copied for s	ale or used for any commer	Date (mm/dd/	1/23 3-8-4-5) A		ECTION BOARD 118 AMIO:56	

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)