

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

(CFA-11)

(\$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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes	C	OMMITTEE	MANAGE STREET,	Control of the Control of the Control			
Full Name of Candidate (Include any nickname.)  Check if this is a new name Paul Howard Ensley			2. Committee Telephone Number ( ) 260-415-5176				
Mailing Address (Address where all campaign fil 6324 Winnebago Court	nance correspond	ence is received	d.) Check	if this is a new	address.		
s. city Fort Wayne	State ZIP Code 46815			5. Party Affiliation or If Independent Candidate Republican			
6. Office Sought (Include district number, If any. No Fort Wayne City Council, District	loratory commi	ttee.)	7. County of Residence Allen				
Reporting Period (mm/dd/yy): From: 10/14/2023	Through:	/20/2023					
or classification, enter INDV for individual; PAC for political		RP for corporation;	LAB for labor orga	nization; OTHER	for all entries which	are not one of the	above categories.
CONTRIBUTOR'S FULL NAME AND ( FULL MAILING ADDRES (street, number, city, state, ZIF	S		TYPE OF CONTRI OR OTHER RE		AMO	UMN A UNT OF RIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Daniel T Parker 7544 Saint Joe Road		Contributions:  ☑ Direct ☐ In-Kind (describe)			7		10/20/2023
Fort Wayne, IN 4683	5	□ Int	Receipts: terest  Loan scellaneous (spe	ecify)	\$2500.00	)	Paul Ensley
Contributor's Occupation (if applicable)							
Classification 2.		□ Di	outions: rect Kind (describe)				
		□ Int	Receipts: erest  Loan scellaneous (spe	cify)			
contributor's Occupation (if applicable)							
Classification 3.		Contrib					
		□ Inte	Receipts: erest  Loan scellaneous (spe	cify)			
ontributor's Occupation (if applicable)	CERTIFICAT	ION				FOR OFF	FICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STA			MY KNOWLED	GE AND BE	LIEF IT IS	, or or	TOL OOL ONLY
RUE, CORRECT AND COMPLETE. gnature of Treasurer	Title			Date (mm/dd/yy	)		
gnature of Camilidate (if applicable)				Date (mm/dd/yy	12023		
(arning: Any information obtained in this report may erson who knowingly files a fraudulent report commits a port as required by the Indiana Campaign Finance Law naities. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	Level 6 felony. (IC	3-14-1-13) A DE	erson who fails to	file a comple	te or accurate		