

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R6 / 5-19)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

IS THIS AN AMENDMENT? ☐ Yes 📈 No

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

1

1. Full Name of Candidate (Include any nickname.)	f this is a new name.		Telephone Numbe			
Nathan Hartman (260) 918-0046						
3. Mailing Address (Address where all campaign finance corre 10405 Kentfield Pl	spondence is received.	.) Check if	this is a new addre	PSS.		
4. City State	ZIP Code		5. Party Affiliation	or If Independent Ca	andidate	
Fort Wayne IN		. 8	Republican			
6. Office Sought (Include district number, if any. Not required for exploratory		committee.) 7. County of		f Residence		
Fort Wayne City Council District		Allen				
8. Reporting Period (mm/dd/yy):		<u>'</u>				
From: 10/14/2023 Through	11/05/20)23				
For classification, enter INDV for individual; PAC for political action committee.	tee: CORP for corporation; I	LAB for labor organ	nization; OTHER for al	l entries which are not on	e of the above categories.	
CONTRIBUTOR'S FULL NAME AND OCCUPATIO FULL MAILING ADDRESS (street, number, city, state, ZIP code)	N	TYPE OF CONTRIE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY	
T 1' D 1' D7	Contrib	utions.				
Classification 1. Indiana Realtors PA PAC 143 W Market Street	Dir				10/17/2023	
Suite 100	□ In-	Kind (describe)				
Indianapolis, IN 46	204			\$1,000	Nathan	
	Other R	Receipts:		, ,	Hartman	
		erest	cify)		110.2 0.110.11	
			,			
Contributor's Occupation (if applicable)	Contrib	utions				
Classification 2.	☐ Dir					
	□ In-	Kind (describe)				
		Receipts:				
		erest	cifv)			
			,			
Contributor's Occupation (if applicable)	Contrib	utions:				
Classification 3.	☐ Dir	rect				
	□ In-l	Kind (describe)				
		Receipts: erest Loan				
		scellaneous (spe	cify)			
Contributor's Occupation (if applicable)						
CERTII I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT	FICATION	MA KNOMI EL	GE AND BELIE		R OFFICE USE ONLY	
TRUE, CORRECT AND COMPLETE.				F11 13		
1/ / //	tle reasurer/Ca		Date (mm/dd/yy) 10/18/2	023		
/ 1000 00-11000			Date (mm/dd/yy)	023		
Signature of Candidate (if applicable)			10/18/2023			
Warning: Any information contained in this report may not be copied for sale or used for any commercial						
person who knowingly files a fraudulent report commits a Level 6 fe report as required by the Indiana Campaign Finance Law commits	elony. <i>(IC 3-14-1-13)</i> A po	erson who fails to	o file a complete or	accurate		
penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	a Class B impuemeditor	(100 17-1-17), a	ina may be subject	to divii		

COMMITTEE INFORMATION