

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)

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.

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FILE NUMBER

completing this form, see instructions on the reverse side.			REPORT			
IS THIS AN AMENDMENT? ☐ Yes ⊠ No						
1. Full Name of Candidate (Include any nickname.)	TEE INFORMATION 2. Committee		mber			
			289-6797			
3. Mailing Address (Address where all campaign finance correspondence is re						
116 & Barry Sute 610						
4. City Fort WAYNE State IN ZIP CO	de 46802 5. Party Affi		iliation or If Independent Candidate			
6. Office Sought (Include district number, if any. Not required for exploratory		7. County of Residence				
200 Dest Fort Vagne City Counsel		allen				
8. Reporting Period (mm/dd/yy):	281802	000				
	7, 2023					
For classification, enter INDV for individual; PAC for political action committee: CORP for corp	oration; LAB for labor orga	nization; OTHER	for all entries which a	are not one of the abov		
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRI			IMN A INT OF	DATE RECEIVED (mm/dd/yy)	
(street, number, city, state, ZIP code)	OR OTHER REC	CEIPT		IBUTION	RECEIVED BY	
Classification 1.	Contributions:				45/1	
RPAC	☐ In-Kind (describe)		41		10/20/23	
Soite 100			200	00		
Soite 100	Other Receipts:		CCC		2 +	
INDIMAPOlis, IN 46204	☐ Miscellaneous (spe	ecify)			, 60	
Contributor's Occupation (if applicable)					00:	
Classification 2.	Contributions:					
	☐ In-Kind (describe)					
	Other Receipts:					
	☐ Interest ☐ Loan ☐ Miscellaneous (spe	ecify)				
Contributed a Compation (if applicable)						
Contributor's Occupation (if applicable) Classification 3.	Contributions:					
	☐ Direct☐ In-Kind (describe)					
	Other Receipts:					
	☐ Interest ☐ Loan ☐ Miscellaneous (sp	ecify)				
C. I. I. A. J. O						
Contributor's Occupation (if applicable) CERTIFICATION				FOR OFFIC	E USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BESTRUE, CORRECT AND COMPLETE.	ST OF MY KNOWLE	DGE AND BI	ELIEF IT IS			
Signature of Treasurer Title		Date (mm/dd/y)	7			
Signature of Candidate (if applicable)	nu -	/ひ/みひ/ Date (ŋm/dd/y				
131 Russel) shel		10/20/2	* A6			
Warning: Any information contained in this report may not be copied for sale or uperson who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1	sed for any commercial	purpose. (IC 3-	9-4-5) A			
report as required by the Indiana Campaign Finance Law commits a Class B misde penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	emeanor (IC 3-14-1-14),	and may be su	bject to civil			
Province to the Control of the Contr						