

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

(CFA-11)

(\$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.

**FILE NUMBER** 

**TOTAL PAGES IN ENTIRE CFA-11** REPORT

IS THIS AN AMENDMENT? Yes						
		DMMITTEE INFORMAT				
1. Full Name of Candidate (Include any nickname.)   Check if this is a new name of Candidate (Include any nickname.)  Check if this is a new name of Candidate (Include any nickname.)						
<ol> <li>Mailing Address (Address where all campaign fine 9808 Skipjack Cove</li> </ol>	inance corresponder	nce is received.) 🔲 Check	if this is a new	address.		
		ZIP Code 46835	5. Party Affiliation or If Independent Candidate Democrat			
6. Office Sought <i>(Include district number, if any. N</i> Fort Wayne City Council Distric	ratory committee.)	7. County of Residence Allen				
8. Reporting Period ( <i>mm/dd/yy</i> ):  From: /0//9/2423	Through: /C	1/19/2023	-1			
For classification, enter INDV for individual; PAC for political	action committee: CORP	for corporation; LAB for labor orga	anization; OTHER	R for all entries which a	e not one of the abo	ove categories.
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRES (street, number, city, state, Zli	S	TYPE OF CONTR OR OTHER RE		COLUI AMOUI CONTRIE	IT OF	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY
PAC  1. RPAC - Indiana Repaction 1. 143 W. Market St. Indianapolis, IN 46	Suite 100	Contributions:    Direct		3,500.	00	10/19/2023
Classification 2.	STATE OF STA	Contributions:  Direct In-Kind (describe)				
	Other Receipts:  Interest Loan Miscellaneous (sp	1				
Contributor's Occupation (if applicable)  Classification 3.		Contributions:  Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (sp	ecify)			
Contributor's Occupation (if applicable)	OF DELEGATION		<u>.</u>		FOD 0551	L HEE CHILY
CERTIFY THAT I HAVE EXAMINED THIS ST	CERTIFICATI TATEMENT, TO TH		DGE AND B	ELIEF IT IS	FOR OFFIC	CE USE ONLY

Title Treasurer Date (mm/dd/yy) Signature of Candidate (if applicable) Date (mm/dd/y

Warning: Any information comfained 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 fails 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)

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