



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

**(CFA-11)**

State Form 48402 (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.

|  |
|--|
| <b>FILE NUMBER</b>                         |
|  |
| <b>TOTAL PAGES IN ENTIRE CFA-11 REPORT</b> |
| 1  |

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

|   |                    |                          |   |  |
|---|--------------------|--------------------------|---|--|
| 1. Full Name of Candidate (include any nickname.) <input type="checkbox"/> Check if this is a new name.<br><b>Thomas Francis Didier</b>   |                    |                          | 2. Committee Telephone Number<br>( 260 ) 387-5163                     |  |
| 3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br><b>303 E. Washington Blvd. #101</b> |                    |                          |   |  |
| 4. City<br><b>Fort Wayne</b>  | State<br><b>IN</b> | ZIP Code<br><b>46802</b> | 5. Party Affiliation or If Independent Candidate<br><b>Republican</b> |  |
| 6. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><b>Mayor, City of Fort Wayne</b>   |                    |                          | 7. County of Residence<br><b>ALLEN</b>                                |  |
| 8. Reporting Period (mm/dd/yy):<br>From: <b>10/30/2023</b> Through: <b>10/31/2023</b>   |                    |                          |   |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED &<br>ACCEPTED<br>(mm/dd/yy)<br>RECEIVED BY |
|--|---|---------------------------------------|--|
| Classification 1.<br><input type="checkbox"/> INDV<br><input checked="" type="checkbox"/> PAC<br><b>HOOSIERS FOR GOOD GOVERNMENT PAC</b><br><b>PO Box 441446</b><br><b>INDIANAPOLIS IN 46244</b><br>Contributor's Occupation (if applicable) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | <b>\$5,000.00</b>                     | <b>10/30/23 TD</b>                                       |
| Classification 2.<br><input checked="" type="checkbox"/> INDV<br><b>HERDI COLONE</b><br><b>6809 PALMILLA CT</b><br><b>FORT WAYNE IN 46835</b><br>Contributor's Occupation (if applicable) <b>Financial Services Executive</b>                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | <b>\$1,000.00</b>                     | <b>10/31/23 TD</b>                                       |
| Classification 3.<br><input type="checkbox"/> INDV<br>_____<br>Contributor's Occupation (if applicable)  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                       |  |

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                                   |
|--|---------------------------|-----------------------------------|
| Signature of Treasurer<br><b>Linda Heddens</b>                     | Title<br><b>Treasurer</b> | Date (mm/dd/yy)<br><b>11/1/23</b> |
| Signature of Candidate (if applicable)<br><b>T Thomas F Didier</b> |                           | Date (mm/dd/yy)<br><b>11/1/23</b> |

**FOR OFFICE USE ONLY**

**Warning:** Any information contained 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)

FILED ELECTION BOARD  
NOV 1 PM 2:11