



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

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

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

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name Russell Jehl		2. Committee Telephone Number (260) 255-4580	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 1608 Old Lantern Trl.			
4. City Fort Wayne	State IN	ZIP Code 46815	5. Party Affiliation or if Independent Candidate R
6. Office Sought (include district number, if any. Not required for exploratory committee.) Fort Wayne Common Council Dist 2		7. County of Residence Allen	
8. Reporting Period: From: 1-1-10 Through: 12-31-10			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. IND Tsukako Murdock 5711 Port Royal Fort Wayne IN 46815 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	1000⁰⁰	2-4-11 Russ
Classification 2. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification 3. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

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 	Title Treasurer	Date (MM-DD-YY) 2-7-11
Signature of Candidate (if applicable) 		Date (MM-DD-YY) 2-7-11

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 Class D 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)