

SUPPLEMENTAL "LARGE CONTRIBUTION"
 REPORT BY A CANDIDATE'S COMMITTEE
 (\$1,000 CONTRIBUTIONS OR MORE)
 State Form 48492 (R3/11--05)
 Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)
 Approved by State Board of Accounts 1997

(CFA-11)

FILE NUMBER

INSTRUCTIONS: Only candidates receiving a 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 reverse side of Form CFA-11.

TOTAL PAGES IN CFA-11
 1

COMMITTEE INFORMATION

1. Full name of candidate (include any nickname) Check if new name
Liz Brown for Mayor Committee

2. Committee telephone number
2604851504

3. Mailing Address (address where campaign finance correspondence is received) Check if new address
5701 Reed Road

4. City, state, ZIP code
Fort Wayne, IN 46835

5. Party affiliation or if independent
Republican

6. Office sought (include district number if any. (Not required for exploratory cmte.)
Mayor, City of Fort Wayne

7. County of residence
Allen

8. Reporting period:
 From: **04-23-11** Through: **04-25-11**

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 NAME, OCCUPATION AND 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. PAC LL Northeast Indiana PAC. for Better Government PO BOX 80031 Fort Wayne, IN 46808 Contributor's Occupation (if applicable):	Contributions: <input checked="" type="checkbox"/> Direct (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$2,000.00	04-23-11 Michael Connolly
Classification 2. INDV Stephen Brown MD. 5701 Reed Road Fort Wayne, IN 46835 Contributor's Occupation (if applicable): physician	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)	\$15,000.00	04-24-11 Michael Connolly
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 *[Signature]* Title **Treasurer** Date **4/24/11**

Signature of Candidate (if applicable) *[Signature]* Date **4/24/11**

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, 3-9-4-17, 3-9-4-18).

FOR OFFICE USE ONLY
 AND SUPERIOR COURTS
 CLERK OF CIRCUIT
 LISBETH SCHEMANN
 2011 APR 25 AM 9:25
 FILED
 ELECTION BOARD