



**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) Check if this is a new name
CRAIG L. NELSON

2. Committee Telephone Number
(260) 482-5969

3. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
8602 SWIFT'S RUN

4. City **FORT WAYNE** State **IN** ZIP Code **46825** 5. Party Affiliation or If Independent Candidate **REPUBLICAN**

6. Office Sought (Include district number, if any. Not required for exploratory committee.) **ALLEN COUNTY CORONER** 7. County of Residence **ALLEN**

8. Reporting Period:
From: **APRIL 1, 2012** Through: **APRIL 15, 2012**

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.	MICHAEL J. LUARDE, DDS 3030 LAKE AVENUE FORT WAYNE, IN 46805 DENTIST	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)	\$1,000.00	3/31/2012 CRAIG NELSON
Classification 2.		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.		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 (MM-DD-YY) **04/02/12**

Signature of Candidate (if applicable) **[Signature]** Date (MM-DD-YY) **04/02/12**

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)

FOR OFFICE USE ONLY
STOP...
2012 APR -2 AM 11:06
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