



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

## (CFA-4) Summary Sheet

**INSTRUCTIONS:** 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.

IS THIS AN AMENDMENT?  Yes  No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
6

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
THOMAS HARRIS FOR ALLEN COUNTY COUNCIL Committee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
(760) 492-6060

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
P.O. BOX 8413

5. City, State, ZIP Code  
FOOT WAYNE, IN 46835

6. Party Affiliation (if applicable)  
REPUBLICAN

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nicknames)  
THOMAS A. HARRIS

8. Party Affiliation or if Independent Candidate  
REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
ALLEN COUNTY COUNCIL 2ND DISTRICT

10. County of Residence  
ALLEN

### TYPE OF REPORT

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Nomination  Other  
 Final / Disbands Committee (Lines 13, 14, and 20 must be "0")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY  
 Check one:  
 Pre-Convention  Post-Convention

12. Reporting Period (mm/dd/yy): From: <u>1/1/2022</u> Through: <u>4/8/2022</u>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.		0

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	11,200.00	11,200.00
15b. Unitemized	400.00	400.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	11,600.00	11,600.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	11,600.00	11,600.00

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized	\$ 108.00	\$ 108.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$ 108.00	\$ 108.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	\$ 11,492.00	\$ 11,492.00
19. Debts OWED BY the committee (Use Schedule D.)	9,406.12	
20. Debts OWED TO the committee (Use Schedule E.)		

### 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: <u>Thomas A. Harris</u>	Title	Date (mm/dd/yy) <u>4/15/2022</u>
Signature of Candidate (if applicable) <u>Thomas A. Harris</u>		Date (mm/dd/yy) <u>4/15/2022</u>

### 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 3-9-4-10, IC 3-9-4-17, IC 3-9-4-18)



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R15 / 5-18)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaling on ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee).** All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).** A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER \_\_\_\_\_

Page 2 of 6

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <small>(Street, number, city, state, ZIP code)</small>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <small>(month/day)</small> RECEIVED BY
1. ANDREW BROOKS P.O. Box 9015 Fort Wayne, IN 46849 Contributor's Occupation (if required) _____	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"/> Miscellaneous (specify) _____	\$500.00	\$500.00	3/10/2022 Tom Harris
2. ROBERT GRIESEL 8918 HARTZELL ROAD Fort Wayne, IN 46816 Contributor's Occupation (if required) _____	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"/> Miscellaneous (specify) _____	\$250.00	\$250.00	3/23/2022 Tom Harris
3. DENNIS KEVIE 6704 County Rd 31 Auburn, IN 46706 Contributor's Occupation (if required) _____	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"/> Miscellaneous (specify) _____	\$250.00	\$250.00	3/30/2022 Tom Harris
4. JOHN CRAWFORD 2805 CHESTER ROAD Fort Wayne, IN 46815 Contributor's Occupation (if required) _____	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"/> Miscellaneous (specify) _____	\$250.00	\$250.00	3/18/2022 Tom Harris
5. MARK HELLER 347 W. BEARY STREET SUITE 400 FT. WAYNE, IN 46802 Contributor's Occupation (if required) _____	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"/> Miscellaneous (specify) _____	\$500.00	\$500.00	3/28/2022
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,750.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 15a of the Summary Sheet.)</small>		\$ _____		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R15 / 5-18)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER \_\_\_\_\_

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
<p>1. SAMUEL BOLINGER 803 CALHOUN STREET SUITE 300 FORT WAYNE, IN 46802</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$250.<sup>00</sup></p>	<p>\$250.<sup>00</sup></p>	<p>3/30/2022 Tom Harris</p>
<p>2. Tom Harris 7112 SIGNATURE RUN FORT WAYNE, IN 46835</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$4,000</p>	<p>\$4,000</p>	<p>4/7/2022 Tom Harris</p>
<p>3.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>4.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>5.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p><b>SUBTOTAL THIS PAGE OF SCHEDULE A</b></p>		<p>\$4,250.<sup>00</sup></p>		
<p><b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i></p>		<p>\$ _____</p>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R15 / 5-19)

Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaled on ITEM 15a** of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(month/day)</i> RECEIVED BY
<p>1. Long PAC, LLC 2919 GUNNINGTON HOLLOW TRAIL FT. WAYNE, IN 46804</p>	<p>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"/> Miscellaneous (specify) _____</p>	<p>\$2,500</p>	<p>\$2,500</p>	<p>3/19/2022 Tom Harris</p>
<p>2.</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>3.</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>4.</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>5.</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p><b>SUBTOTAL THIS PAGE OF SCHEDULE A</b></p>		<p>\$ 2,500.00</p>		
<p><b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i></p>		<p>\$ —</p>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER \_\_\_\_\_  
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (month/day) RECEIVED BY
1. <u>THESESE BROWN</u> <u>Campaign</u> <u>15434 DIXTON ROAD</u> <u>FORT WAYNE, IN 46845</u>	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"/> Miscellaneous (specify)	\$500.00	\$500.00	2/15/2022 <u>Tom Harris</u>
2. <u>CITIZENS for DAVE HEINE</u> <u>P.O. Box 2</u> <u>NEW HAVEN, IN</u> <u>46774</u>	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"/> Miscellaneous (specify)	\$500.00	\$500.00	2/16/2022 <u>Tom Harris</u>
3. <u>PETERS for ALLEN GUY</u> <u>Commissioner</u> <u>9934 Stowaway Cove</u> <u>FT. WAYNE, IN 46835</u>	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"/> Miscellaneous (specify)	\$1,000.00	\$1,000.00	3/1/2022 <u>Tom Harris</u>
4. <u>Committee to Elect BEN</u> <u>Smartz</u> <u>302 Hunters Ridge</u> <u>AUBURN, IN 46706</u>	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"/> Miscellaneous (specify)	\$250.00	\$250.00	4/7/2022 <u>Tom Harris</u>
5. <u>EAGLE OUTDOOR ADV</u> <u>NITSE</u> <u>WARSAW, IN 46582</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Advertising</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$450.00	\$450.00	4/4/2022 <u>Tom Harris</u>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 2700.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 11,200.00		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R16 / 5-19)

Election Division (IC 3-9-5-14)

Indiana

**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <small>(if any)</small> <small>(street, number, city, state, ZIP code)</small>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED <small>(month, day, year)</small>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Tom Harris 7112 SIGNATURE RUN FORT WAYNE, IN LENDER'S OCCUPATION: 46835		\$4,000. <sup>00</sup> LOAN	4/7/2022		4,000. <sup>00</sup>
SPECIALIZED PRINTED PRODUCTS 6844 N. CLINTON FORT WAYNE, IN LENDER'S OCCUPATION: 46825		908. <sup>27</sup> Open Account	3/30/2022		908. <sup>27</sup>
New Process Graphics 310 W COOK ROAD FORT WAYNE, IN LENDER'S OCCUPATION: 46825		4,497. <sup>85</sup> Open Account	4/8/2022		4,497. <sup>85</sup>
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$9,406. <sup>12</sup>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 19 of the Summary Sheet.)</small>					\$9,406. <sup>12</sup>