

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)
State Form 48492 (R6 / 5-19)
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.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? 🔲 Yes 🔽						1			
	ON								
1. Full Name of Candidate (include any nickname.) THOMAS C. HENRY	a new name.	me. 2. Committee Telephone Number (260) 739 - 7781							
3. Mailing Address (Address where all campaign finance correspondence is received.)									
110 WEST BERRY STREET, SU		nce is receive	ea.) Check i	t this is a new	address.				
4. City	State	ZIP Code		5. Party Affiliation or If Independent Candidate					
FORT WAYNE	IN	46802		DEMOCRAT					
6. Office Sought (Include district number, if any. No	oratory comm	,							
MAYOR OF FORT WAYNE, INC			ALLEN	1					
8. Reporting Period (mm/dd/yy):	4.4.50	.= :0000		<i>₹</i>			١		
From: 10/14/2023	Through: 11/0		4						
For classification, enter INDV for individual; PAC for political a	ction committee: CORI	P for corporation	; LAB for labor orgai	nization; OTHER	R for all entries whic	h are not one of the abo	DATE RECEIVED		
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS (street, number, city, state, ZIF	3		TYPE OF CONTRIL OR OTHER REC		AMC	LUMN A DUNT OF RIBUTION	(mm/dd/yy) RECEIVED BY		
Classification 1.			ributions: Direct		ų.	1 1 1			
BOSE MCKINNEY & EVAN			n-Kind (describe)	· .	ء مط	4 4 A	10/25/23		
111 MONUMENT CIRCLE	E #2700		r Receipts:		#20,0	000.00	1		
INDIANAPOLIS, INDIA	NA 46204	.	nterest □ Loan ⁄liscellaneous <i>(spe</i>	cify)	,		MARK ANDORFER		
Contributor's Occupation (if applicable)		·							
Classification 2.	-	⊡	ibutions: Pirect n-Kind <i>(describe)</i>	- · · · · · · · · · · · · · · · · · · ·					
Contributor's Occupation (if applicable)			Receipts: nterest Loan fiscellaneous (spe	cify)		·	MARK ANDORFER		
Classification 3.		Contr	ibutions:						
olassinchaon 5.			irect	ĺ					
		□ Ir	n-Kind (describe)						
						4.0	l.		
		□ lr	Receipts: hterest □ Loan liscellaneous (spe	cify)	e e		MARK ANDORFER		
Contributor's Occupation (if applicable)		_							
I CERTIFY THAT I HAVE EXAMINED THIS STA	CERTIFICATI		MY KNOWLED	GE AND BE	LIEF IT IS	FOR OFFIC	E USE ONLY		
TRUE, CORRECT AND COMPLETE. Signature of Treasurer		Date (mm/dd/yy	,						
Mars 1 hours TREASURI				10/25/	23 FIL	ED ELECTION	ELECTION BOOKD		
Signature of Candidate (if applicable)			Date (mm/dd/yy) 22 10						
		-	10/25/23			•			
Warning: Any information contained in this report may	not be copied for sa	ale or used for	any commercial p	urpose. (IC 3-	9-4-5) A				
person who knowingly files a fraudulent report commits report as required by the Indiana Campaign Finance La penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	a Level 6 felorly. (IC w commits a Class E	3-14-1-13) A 3 misdemeano	person who fails to r (IC 3-14-1-14), a	itte a complet nd may be sub	te or accurate oject to civil				



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1. Full Name of Candidate (Include any nickname.)		MMITTEE INFO		IN Telephone Nu	ımber	<u>,</u>	· · · · · · · · · · · · · · · · · · ·		
THOMAS C. HENRY	Cileck ii alia ia a			739 - 77			:		
3. Mailing Address (Address where all campaign fir	anna corresponder			this is a new					
110 WEST BERRY STREET, SU		100 13 100 c/V cd.)	_ Oncorn	uno (p a nom i	addi 055,				
City State ZIP Code			1	5. Party Affiliation or If Independent Candidate					
FORT WAYNE	IN 46802			DEMOCRAT					
6. Office Sought (Include district number, if any. No	ratory committee.)	ttee.) 7. County of Residence							
MAYOR OF FORT WAYNE, INC			ALLEN	I					
8. Reporting Period (mm/dd/yy):			:	<i></i>	·		\		
From: 10/14/2023			4						
For classification, enter INDV for individual; PAC for political a	ction committee: CORP	for corporation; LAB for	r labor organi	zation; OTHER	for all entries which a	re not one of the abo			
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS (street, number, city, state, ZIP	3		OF CONTRIBI		COLU AMOU CONTRI	NT OF	DATE RECEIVED (mm/dd/yy) RECEIVED BY		
Classification 1.	<u> </u>	Contributions:							
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I NORTH CAPITOL AVE,	Other Receipts:	s:		\$2,50	,0. 00 3 - 4 - 4				
INDIANAPOLIS, INDIANA 46204		☐ Interest ☐ Miscellan		دعد	, , , , , , , , , , , , , , , , , , ,		MARK ANDORFER		
		U Miscellan	ieons (sbec	;;y) ;	÷ •	i i			
Contributor's Occupation (if applicable)		Contributions:			<u></u>				
Classification 2.		☑ Direct		-					
KANGER GAROLE ALL DE	0	☐ In-Kind (a	describe)	Ì	ı				
KROGER, GAROIS AND REG	: AS, LLI			Ī	\$1,50	Λ ΛΛ	10/25/23		
III MONUMENT CIRCLE,	Other Receipts:			. 1,50	0.00	MARK ANDÖRFER			
INDIANAPOLIS, INDIANA 46204		☐ Miscellan		ify)					
Contributor's Occupation (If applicable)									
Classification 3.		Contributions:							
OTHER		Direct	-l.,						
1816 PUBLIC AFFAIRS GR	ROUP LLC	☐ In-Kind (d	describe)		\$100	4 44	10/25/23		
125 WEST MARKET STRE	ECT SUITE 21	O Ciber Dessiries			\$1,50	o . D O			
INDIANAPOLIS, INDIAN	5 4 1	Other Receipts:					MARK ANDORFER		
110111111111111111111111111111111111111	, , , , , , , , , , , , , , , , , , , ,	☐ Miscellane	eous (speci	ify)	•		1		
Contributor's Occupation (if applicable)									
	CERTIFICATION					FOR OFFIC	E USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STA TRUE, CORRECT AND COMPLETE.	TEMENT, TO THE	E BEST OF MY KN	NOWLEDG	SE AND BE	LIEFITIS		•		
Signature of Treasurer Title			Date (mm/dd/yy)						
Mart J Jung TREASURE									
Signature of Candidate (if applicable)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OCT 25 PH3	H. A. C.		
them to the	my			10/25/					
Warning: Any information contained in this report may person who knowingly files a fraudulent report commits report as required by the Indiana Campaign Finance La	a Level 6 felony. (IC :	3-14-1-13) A person w	who fails to t	file a complete	e or accurate				



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REPORT IS THIS AN AMENDMENT? Yes V No COMMITTEE INFORMATION 1. Full Name of Candidate (Include any nickname.)

Check if this is a new name. 2. Committee Telephone Number (260) 739 - 7781 THOMAS C. HENRY 3. Mailing Address (Address where all campaign finance correspondence is received.) 🔲 Check if this is a new address. 110 WEST BERRY STREET, SUITE 2202 ZIP Code 5. Party Affiliation or if Independent Candidate 46802 DEMOCRAT FORT WAYNE IN 7. County of Residence 6. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF FORT WAYNE, INDIANA ALLEN 8. Reporting Period (mm/dd/yy): Through: 11/05/2023 From: 10/14/2023 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. DATE RECEIVED COLUMN A AMOUNT OF CONTRIBUTION CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (mm/dd/yy) TYPE OF CONTRIBUTION OR OTHER RECEIPT RECEIVED BY (street, number, city, state, ZIP code) Contributions: Classification ☑ Direct ☐ In-Kind (describe) CASH CANFIELD 10/25/23 10715 MORNINGTIDE CIRCLE Other Receipts: MARK ANDORFER ☐ Interest ☐ Loan FISHERS, INDIANA 46038 Contributor's Occupation (if applicable) _ Contributions: Classification ☑ Direct . □ In-Kind (describe) BEAM, LONGEST AND NEFF, LLC 10/25/23 \$ 5,000.00 8320 CRAIG STREET Other Receipts: MARK ANDORFER ☐ Interest ☐ Loan INDIANAPOLIS, INDIANA 46250 ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Contributions: Classification ☑ Direct In-Kind (describe) \$5,000.00 10/25/23 BOSE PUBLIC AFFAIRS GROUP LLC 111 MONUMENT CIRCLE #2700 Other Recelpts: MARK ANDORFER 🔲 Interest 🔲 Loan INDIANAPOUS, INDIANA 46204 Miscellaneous (specify) Contributor's Occupation (if applicable) FOR OFFICE USE ONLY CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date (mm/dd/yy) Signature of Treasurer Title 10/25/23 **TREASURER** FIHED ELECTION BOARD Date (mm/dd/yy) Signature of Candidate (if applicable) 73 OCT 25 PH3:56 10/25/23

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)