

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? I Yes 🔽 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 5. Party Affiliation or If Independent Candidate ZIP Code 4, City 46802 DEMOCRAT FORT WAYNE IN 6. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence ALLEN MAYOR OF FORT WAYNE, INDIANA 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. CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION RECEIVED BY Contributions: Classification ☑ Direct ☐ In-Kind (describe) VIBHA K. GUPTA 10/31/23 14335 BLUE HERON CHASE Other Receipts: MARK ANDORFER ☐ Interest ☐ Loan ROANDKE, INDIANA 46783 ☐ Miscellaneous (specify) Contributor's Occupation (If applicable) Contributions: Classification ☑ Direct ☐ In-Kind (describe) PRAVEEN KOLLIPARA 10/31/23 \$ 1,000.00 11511 W SYCAMORE HILLS DRIVE Other Receipts: MARK ANDORFER 🔲 Interest 🔲 Loan FORT WAYNE, INDIANA 46814 ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Contributions Classification ☑ Direct ☐ In-Kind (describe) VIJAY KUMAR CHILAKAMARRI \$ 1,000.00 11011 CARNOUSTIE LANE Other Receipts: MARK ANDORFER ☐ Interest ☐ Loan FORT WAYNE, INDIANA 46814 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 11/1/23 Mari FILED ELECTION BOARD '29 MOV 1 PK12:25 TREASURER Signature of Candidate if applicable Date (mm/dd/yy) 11/1/23

Warning: Any information contained in this report may not be spied 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)



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

						<u> </u>	
IS THIS AN AMENDMENT? Tyes	Z No	0024245	TEE DIEGONATI	ON.	1		
1. Full Name of Candidate (Include any nickname.)	□ Check if ti		me. 2. Committee		lumber		
THOMAS C. HENRY	(260) 739 - 7781						
3. Mailing Address (Address where all campaign	finance correct	ondence is n		if this is a new			
110 WEST BERRY STREET, S			Coccessor Concord	() (III) 13 G 11 01	addiçõe.		
4. City	State	ZIP Co	de	5. Party Affiliation or If Independent Candidate			
FORT WAYNE			02	DEMOCRAT			
6. Office Sought (Include district number, if any. I	committee.)	7. County of Residence					
MAYOR OF FORT WAYNE, IN		ALLEI	Ν				
8. Reporting Period (mm/dd/yy):				Ø.		1	
From: 10/14/2023		11/05/20					
For classification, enter INDV for individual; PAC for political	l action committee:	: CORP for corp	oration; LAB for labor orga	nization; OTHE	R for all entries which are not one of the a		
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRES (street, number, city, state, Zi	SS		TYPE OF CONTR OR OTHER RE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY	
Classification 1.			Contributions: Direct				
RESHMA AND RAKESH K	CHATRI		☐ In-Kind (describe)	,	3 3 5 5		
14821 HERON LAKE XII	_			_	\$ 1 - 22 - 2	10/31/23	
. , -			Other Recelpts: ☐ Interest ☐ Loan		\$ 1,000,00	MARK ANDORFER	
FORT WAYNE, INDIAN A	74017		☐ Miscellaneous (spe	ecify)		4	
Contributor's Occupation (if applicable)				, -			
Classification 2.			Contributions:	<u> </u>			
			☑ Direct				
VIJAY GOPAL TILAK KA	MINEN	1	☐ In-Kind (describe)			1010102	
18769 HERONS NEST				-	\$ 1,000.00	10/31/23	
			Other Receipts:			MARK ANDORFER	
HUNTERTOWN, INDIANA 46748			☐ Miscellaneous (spe	ecify)			
Contributor's Occupation (if applicable)	•			-			
Classification 3.			Contributions:				
			☑ Direct ☐ In-Kind (describe)				
SANJIN G. AGGARWA	L-			_	d	10/31/23	
1311 SYCAMORE HILLS	S PKWY		Other Receipts:		\$ 1,000.00 assis		
FORT WAYNE, INDIAN	A 46814	N	☐ Interest ☐ Loan ☐ Miscellaneous (spe	ocify)		MARK ANDORFER	
Contributor's Occupation (if applicable)				<u>-</u>			
	CERTIFIC	CATION			FOR OFF	ICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS ST TRUE, CORRECT AND COMPLETE.	TATEMENT. T	O THE BES	T OF MY KNOWLED	GE AND B	1		
Signature of Treasurer		Date (mm/dd/y)	pullers speciel 6 -1	N LUATI			
Mars J (hungan TREASUR			R	11/1/23 25 MOV 1 PM 12:25			
Signature of Candidate (17) applicable)				Date (mm/dd/yy)			
			11/1/2				
Warning: Any information contained in this report manager of the person who knowingly files a fraudulent report commit	s a Level 6 felon	ıv. (IC 3-14-1-	13) A person who fails to	o file a comple	ete or accurate		
report as required by the Indiana Campaign Finance L penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	.aw complits a C	lass B misden	neanor <i>(IC 3-14-1-14), a</i>	and may be su	bject to civil		



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			
		OMMITTEE I							
1. Full Name of Candidate (Include any nickname.) THOMAS C. HENRY	☐ Check if this is	a new name.	2. Committee (260)	739 - 77					
3. Mailing Address (Address where all campaign fir 110 WEST BERRY STREET, SU		ence is received	.) 🔲 Check ii	f this is a new a	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 commit	committee.) 7. County of Residence							
MAYOR OF FORT WAYNE, INC	DIANA			ALLEN	l	<u> </u>			
8. Reporting Period (mm/dd/yy): From: 10/14/2023	Through: 11/0	05/2023	ij	<i>4</i>			\		
For classification, enter INDV for individual; PAC for political a	ction committee: COR	P for corporation; L	AB for labor organ	nization; OTHER	for all entries whic	h are not one of the abo			
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS (street, number, city, state, ZIP	S		TYPE OF CONTRI OR OTHER REC		AMO	LUMN A DUNT OF TRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY		
Classification 1.		Contribu							
		l⊓ in-l	Gind <i>(describe</i>)	l	٧.	" 			
VENKATARAMA P. N	ALAMOLU	<i>(</i>	, ,				10/31/23		
1826 SYCAMORE HILL	S ORIVE	Other R	eceints:		₱1,0 0	00.00			
FORT WAYNE, INDIANA 46814			☐ Interest ☐ Loan ☐ Miscellaneous (specify)		MARKANDO				
Contributor's Occupation (if applicable)				- '	7.	=			
Classification 2.		Contribu	ıtions:						
		☑ Din				•			
JAMES R. HOCH			(ind (describe)	_	,		11/1/23		
4658 CRESTWOOD DRIVE			eceipts:	:	\$ 1,50	MARK ANDORFER			
FORT WAYNE, INDIANA 46807			erest 🔲 Loan cellaneous <i>(spe</i>	cify)					
Contributor's Occupation (if applicable)				-					
Classification 3.		Contribu							
		⊡ Dire							
		L⊥ in-r	(ind (describe)				\		
		Other R	eceipts: rest 🔲 Loan			er N. ja Spring er	MARK ANDORFER		
		☐ Mis	cellaneous (spe	cify)					
Contributor's Occupation (if applicable)				•					
I CERTIFY THAT I HAVE EXAMINED THIS STA	CERTIFICAT		V KNOW ED	CE AND BE	LICE IT IS	FOR OFFIC	E USE ONLY		
TRUE, CORRECT AND COMPLETE.	AIEMENI. IO 13	TE DESI OF N	II KNOWLED	IGE AND DE	LIEFIIIQ				
Signature of Treasurer		Date (mm/dd/yy)							
Mars of hunfam TREASURI				11/1/2	3	EO ELEGTIN	M BOGED		
Signature of Candidate (if applicable)			Date (mm/dd/yy)		23 MOV 1 PA	412:25			
- The P. De	my			11/1/23					
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 penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	y not be copied for s a Level 6 felony. (/0 w commits a Class	ale or used for a C 3-14-1-13) A pe B misdemeanor (ny commercial p irson who fails to IC 3-14-1-14), a	urpose. (IC 3-9 o file a complet and may be sub	9-4-5) A e or accurate oject to civil				