



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

26

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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. HENRY FOR MAYOR COMMITTEE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 739 - 7781
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 110 WEST BERRY STREET, SUITE 2202	
5. City, State, ZIP Code FORT WAYNE, IN 46802	6. Party Affiliation (if applicable) DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) THOMAS C. HENRY	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF FORT WAYNE, INDIANA	10. County of Residence ALLEN

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0"). <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

12. Reporting Period (mm/dd/yy): From: 10/14/2023 Through: 12/31/2023	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$ 408,293.84	
14. Cash on hand and investments January 1, current year.		\$ 210,510.79

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	\$ 137,200.00	\$ 779,610.39
15b. Unitemized	\$ 4,353.16	\$ 8,521.16
15c. Add lines 15a and 15b in both columns. SUBTOTAL	\$ 141,553.16	\$ 788,131.55
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	\$ 549,847.00	\$ 998,642.34

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$ 431,454.30	\$ 880,249.64
17b. Unitemized	\$ 0.00	\$ 0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$ 431,454.30	\$ 880,249.64
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	\$ 118,392.70	\$ 118,392.70
19. Debts OWED BY the committee (Use Schedule D.)	NONE	
20. Debts OWED TO the committee (Use Schedule E.)	NONE	

CERTIFICATION

FOR OFFICE USE ONLY

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 <i>Mark J. ...</i>	Title TREASURER	Date (mm/dd/yy) 1/17/2024
Signature of Candidate (if applicable) <i>Thomas C. Henry</i>		Date (mm/dd/yy) 1/17/2024

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, IC 3-9-4-18)

**FILED ELECTION BOARD
24 JAN 17 AM 9:36**



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State Form 4606 (R17 / 8-23)
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
PAGE 01 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
GREG ECKERT 7326 TANGERINE LANE FORT WAYNE, IN 46825 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	10/20/2023
				MARK J. ANDORFER, CPA
DONALD BLACK 4015 NORTH WASHINGTON ROAD FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	10/20/2023
				MARK J. ANDORFER, CPA
JULIA KONOW 13211 ACADIA COVE FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	10/20/2023
				MARK J. ANDORFER, CPA
AMY DANKERT 4321 BANDERA COVE FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	10/20/2023
				MARK J. ANDORFER, CPA
BRIAN VANSKYOCK 9717 CINNABAR PLACE FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$150.00	\$150.00	10/20/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 550.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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PAGE 02 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
SARAH BRIDGEWATER 13227 ACADIA COVE FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/20/2023
				MARK J. ANDORFER, CPA
THOMAS BOYER 2032 LAKE FRONT DRIVE FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
PATRICIA ROLLER 510 EAST 635 SOUTH WOLCOTTVILLE, IN 46795 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
MARK GIAQUINTA 4701 COVINGTON ROAD #25 FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
PHILIP GIAQUINTA 4311 OLD MILL ROAD FORT WAYNE, IN 46807 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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				RECEIVED BY
LEONARD HELFRICH 203 EAST BERRY STREET, SUITE 1501 FORT WAYNE, IN 46802 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
STEVE CORONA 428 WEST SHERWOOD TERRACE FORT WAYNE, IN 46807 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
ROGER FINDERSON 2005 FAIRWAY DRIVE AUBURN, IN 46706 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
MAUREEN MUSI 6708 MALLARD COVE PLACE FORT WAYNE, IN 46804 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
ANN BORNE 7030 WOODCROFT LANE FORT WAYNE, IN 46804 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$750.00	10/20/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1,250.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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				RECEIVED BY
JOHN HOFFMAN 5000 NORTH WASHINGTON ROAD FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
MARK ANDORFER 3517 CUT BANK COVE FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
JAY JORGENSON 3815 CANTWELL BLVD FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
ERIK HENRY 3927 INDIANA AVENUE FORT WAYNE, IN 46807 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
STANLEY ZIHERL JR 12022 SYCAMORE LAKES COURT FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PRESIDENT/CEO	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$3,000.00	10/20/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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				RECEIVED BY
RICHARD WATERFIELD 7221 ENGLE ROAD SUITE 250 FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> : BUSINESS OWNER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,750.00	10/20/2023
				MARK J. ANDORFER, CPA
RICK JAMES 112 SOUTH CEDAR STREET AUBURN, IN 46706 Contributor's Occupation <i>(if required)</i> : PHILANTHROPIST	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$10,000.00	\$14,548.50	10/27/2023
				MARK J. ANDORFER, CPA
JANE DEHAVEN 3014 COVINGTON LAKE DRIVE FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> : DEALERSHIP OWNER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$2,000.00	10/27/2023
				MARK J. ANDORFER, CPA
MARVIN ROSS 7629 SUNDERLAND DRIVE FORT WAYNE, IN 46835 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/27/2023
				MARK J. ANDORFER, CPA
CASH CANFIELD 10715 MORNINGTIDE CIRCLE FISHERS, IN 46038 Contributor's Occupation <i>(if required)</i> : PARTNER/COO	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$2,500.00	\$7,500.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 14,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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				RECEIVED BY
GLENN WALTERS 13993 BIGELOW COURT CARMEL, IN 46032 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
JOHN ROGERS 4620 WEST HAMILTON ROAD SOUTH FORT WAYNE, IN 46814 <i>Contributor's Occupation (if required): SALES MANAGER</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	10/27/2023
				MARK J. ANDORFER, CPA
DOROTHY LAZOFF 12016 HADDINGTON COURT FORT WAYNE, IN 46814 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$150.00	\$150.00	10/27/2023
				MARK J. ANDORFER, CPA
MOHAMMED GHAZALI 10933 CARNOUSTIE LANE FORT WAYNE, IN 46814 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
TARIQ AKBAR 4431 FOLKSTONE DRIVE FORT WAYNE, IN 46814 <i>Contributor's Occupation (if required):</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,650.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4606 (R17 / 8-23)
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

PAGE 07 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
ZUBAIR KHAN 1905 CLOVERLEAF TRAIL FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
NAJIM QAZI 9720 HIDDEN VILLAGE PLACE FORT WAYNE, IN 46835 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
GOHAR SALAM 615 TAWNEY COURT HUNTERTOWN, IN 46748 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
AHAD AYAZ 14612 WHISPER ROCK BLVD FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
KHURRUM SHAIKH 3513 HERON PRESERVE TRAIL FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	2,500.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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Itemized Contributions and Other Receipts**

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FILE NUMBER
PAGE 08 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
ABDALI JAN 18559 HERONS NEST COVE HUNTERTOWN, IN 46748 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
SADIA AHMAD 15024 REMINGTON PLACE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
IRFAN MUNIR 704 CHESTNUT HILLS PARKWAY FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
FARRUKH ADHAMI 15235 HERON LAKE CROSSING FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
MOHSIN HASNAIN 3633 HERON PRESERVE TRAIL FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4606 (R17 / 8-23)
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
PAGE 09 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
AHAD SADIQ 14929 REMINGTON PLACE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/27/2023
				MARK J. ANDORFER, CPA
ASIF SAYED 3833 WEST HAMILTON ROAD SOUTH FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/27/2023
				MARK J. ANDORFER, CPA
SYED SOHAIL 1331 SYCAMORE HILLS PARKWAY FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/27/2023
				MARK J. ANDORFER, CPA
AMIR AHMED 6017 SAWMILL WOODS DRIVE FORT WAYNE, IN 46835 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/27/2023
				MARK J. ANDORFER, CPA
MOHAMMED NADEEM 4431 FOLKSTONE DRIVE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1,350.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
AJAZ IQBAL 6030 TANGLE CREEK COURT FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	10/27/2023
				MARK J. ANDORFER, CPA
SANJAY BHARGAVA 13769 PAPERBARK TRAIL FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
IAN BOYCE 12507 CHAPELWOOD PLACE FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$750.00	\$750.00	11/06/2023
				MARK J. ANDORFER, CPA
JAMES HOCH 4658 CRESTWOOD DRIVE FORT WAYNE, IN 46807 Contributor's Occupation <i>(if required)</i> : ARCHITECT	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,500.00	\$1,500.00	11/06/2023
				MARK J. ANDORFER, CPA
MADHU JYOTHINAGARAM 14630 INDIAN CREEK ROAD FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	3,200.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
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State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
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PAGE 11 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
VENKATARAMA NALAMOLU 1826 SYCAMORE HILLS DRIVE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
MICHELLE CARR 5260 EAST 800 SOUTH COLUMBIA CITY, IN 46725 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBHASH REDDY 10825 CARNOUSTIE LANE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
PRAVEEN KOLLIPARA 11511 WEST SYCAMORE HILLS DRIVE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
VIJAY CHILAKAMARRI 11011 CARNOUSTIE LANE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
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State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
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CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
SANJAY JAIN 11336 TWEEDSMUIR RUN FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	11/06/2023
				MARK J. ANDORFER, CPA
ARVIND PATEL 4031 BOCA TRAIL FORT WAYNE, IN 46815 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
RAKESH KHATRI 14821 HERON LAKE CROSSING FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
VIJAY KAMINENI 18769 HERONS NEST COVE HUNTERTOWN, IN 46748 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
SANJIV AGGARWAL 1311 SYCAMORE HILLS PARKWAY FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3,750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
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				RECEIVED BY
AJAY GUPTA 14335 BLUE HERON CHASE ROANOKE, IN 46783 Contributor's Occupation <i>(if required)</i> : PHYSICIAN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023 MARK J. ANDORFER, CPA
NITIN TIMBLE 10505 TESORO COVE FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023 MARK J. ANDORFER, CPA
SRINIVAS PAMIDI 15015 HERON LAKE CROSSING FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$300.00	\$300.00	11/06/2023 MARK J. ANDORFER, CPA
SREENIVASA NATTAM 10606 SADDLEBROOK COURT FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	11/06/2023 MARK J. ANDORFER, CPA
NAGIN SHAH 1630 SYCAMORE HILLS DRIVE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023 MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4606 (R17 / 8-23)
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
PAGE 14 OF 14

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(mm/dd/yy)</i>
				RECEIVED BY
SUDHAKAR KRISHNAN 10404 ANTELOPE COURT FORT WAYNE, IN 46804 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
RAVINDER SETHI PO BOX 888 ANGOLA, IN 46703 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
CHAKRADHAR BONAM 12007 FALLEN LEAF COURT FORT WAYNE, IN 46845 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	11/06/2023
				MARK J. ANDORFER, CPA
ANILA SANGHVI 12315 HAWKINS WAY FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	11/06/2023
				MARK J. ANDORFER, CPA
SHRADDHA MAHESHWARI 11414 WEST SYCAMORE HILLS DRIVE FORT WAYNE, IN 46814 Contributor's Occupation <i>(if required)</i> :	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1,750.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	43,900.00	



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER
PAGE 01 OF 01

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>(mm/dd/yy)</i>
				RECEIVED BY
CHRISTOPHER JAMES MENSWEAR, INC. 6410 WEST JEFFERSON BLVD #14 FORT WAYNE, IN 46804	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 500.00		



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(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

PAGE 01 OF 02

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>(mm/dd/yy)</i>
				RECEIVED BY
HOME BUILDERS ASSOC OF FORT WAYNE POLITICAL ACTION COMMITTEE 305 WEST MAIN STREET FORT WAYNE, IN 46802	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	10/20/2023
				MARK J. ANDORFER, CPA
SHEET METAL WORKERS LOCAL 20 POLITICAL ACTION COMMITTEE FUND PO BOX 20530 INDIANAPOLIS, IN 46220	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$3,300.00	10/20/2023
				MARK J. ANDORFER, CPA
FORT WAYNE FIRE FIGHTERS LOCAL 124 POLITICAL ACTION COMMITTEE 1405 BROADWAY FORT WAYNE, IN 46802	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,500.00	\$7,500.00	10/20/2023
				MARK J. ANDORFER, CPA
JACOB'S GOOD GOVERNMENT FUND POLITICAL ACTION COMMITTEE 1999 BRYAN STREET, SUITE 1200 DALLAS, TX 75201	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$5,000.00	\$5,000.00	10/20/2023
				MARK J. ANDORFER, CPA
INDIANA REALTORS POLITICAL ACTION COMMITTEE 143 WEST MARKET STREET, SUITE 100 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$5,000.00	\$5,000.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 13,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(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
PAGE 02 OF 02

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>(mm/dd/yy)</i>
				RECEIVED BY
HEALTHPAC POLITICAL ACTION COMMITTEE PO BOX 44575 INDIANAPOLIS, IN 46244	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$1,000.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 14,000.00		



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

State Form 4606 (R17 / 8-23)
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 **totalled 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
PAGE 01 OF 03

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>(mm/dd/yy)</i>
				RECEIVED BY
COMMITTEE TO ELECT AUSTIN KNOX 1830 WAYNE TRACE FORT WAYNE, IN 46803	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	10/20/2023
				MARK J. ANDORFER, CPA
GIAQUINTA FOR STATE REPRESENTATIVE 4311 OLD MILL ROAD FORT WAYNE, IN 46807	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,250.00	\$2,000.00	10/20/2023
				MARK J. ANDORFER, CPA
WMR, LLC 3636 ADAMS CENTER ROAD FORT WAYNE, IN 46806	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$10,000.00	\$10,000.00	10/27/2023
				MARK J. ANDORFER, CPA
INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE 918 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20003	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$20,000.00	\$20,000.00	10/27/2023
				MARK J. ANDORFER, CPA
BOSE MCKINNEY & EVANS, LLP 111 MONUMENT CIRCLE, SUITE 2700 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$20,000.00	\$25,000.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 51,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4606 (R17 / 8-23)
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
PAGE 02 OF 03

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>(mm/dd/yy)</i>
				RECEIVED BY
BOSE PUBLIC AFFAIRS GROUP, LLC 111 MONUMENT CIRCLE, SUITE 2700 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$5,000.00	\$7,500.00	10/27/2023
				MARK J. ANDORFER, CPA
BEAM LONGEST & NEFF, LLC 8320 CRAIG STREET INDIANAPOLIS, IN 46250	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$5,000.00	\$22,500.00	10/27/2023
				MARK J. ANDORFER, CPA
1816 PUBLIC AFFAIRS GROUP, LLC 125 WEST MARKET STREET, SUITE 210 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,500.00	\$6,500.00	10/27/2023
				MARK J. ANDORFER, CPA
KROGER GARDIS & REGAS, LLP 111 MONUMENT CIRCLE, SUITE 900 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,500.00	\$2,500.00	10/27/2023
				MARK J. ANDORFER, CPA
CATALYST PUBLIC AFFAIRS GROUP, LLC 1 NORTH CAPITOL AVENUE, SUITE 1305 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$2,500.00	\$11,000.00	10/27/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 15,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>				



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

State Form 4806 (R17 / 8-23)
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
PAGE 03 OF 03

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>(mm/dd/yyyy)</i>
				RECEIVED BY
DLZ INDIANA, LLC 2211 EAST JEFFERSON BLVD SOUTH BEND, IN 46615	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$900.00	\$13,400.00	11/06/2023
				MARK J. ANDORFER, CPA
DLZ INDUSTRIAL, LLC 316 TECH DRIVE BURNS HARBOR, MI 46304	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$900.00	\$900.00	11/06/2023
				MARK J. ANDORFER, CPA
KELLEY AUTOMOTIVE GROUP, LLC 929 AVENUE OF AUTOS FORT WAYNE, IN 46804	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$7,500.00	\$7,500.00	11/06/2023
				MARK J. ANDORFER, CPA
STURGES, LLC 202 WEST BERRY STREET, SUITE 500 FORT WAYNE, IN 46802	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$2,500.00	\$2,500.00	11/06/2023
				MARK J. ANDORFER, CPA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	11,800.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	78,800.00	



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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. This schedule is used to document expenditures **totaled on ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
PNC BANK 300 5TH AVENUE PITTSBURG, PA 15222		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MONTHLY FEE	\$291.00	\$312.00	MONTHLY
ALPHABET, INC. 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MONTHLY FEE	\$12.00	\$72.00	MONTHLY
ACTBLUE, INC. 366 SUMMER STREET SOMMERVILLE, MA 02144		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MONTHLY FEE	\$182.50	\$402.26	MONTHLY
PREMIER PAYROLL, INC. 220 INSURANCE DRIVE, SUITE C FORT WAYNE, IN 46825		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MONTHLY FEE	\$327.45	\$804.60	MONTHLY
SCALE TO WIN 13742 HARPER STREET SANTA ANA, CA 92703		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SOFTWARE	\$3,041.66	\$3,041.66	MONTHLY
SQUARE, INC. 1455 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PROCESSING	\$90.00	\$90.00	MONTHLY
PREMIER PAYROLL, INC. 220 INSURANCE DRIVE, SUITE C FORT WAYNE, IN 46825		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WAGES & TAX	\$8,284.28	\$56,818.00	10/15/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$59,213.51	\$259,083.59	10/16/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 71,442.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>					



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
ALLEN CO DEMOCRAT PARTY PO BOX 11544 FORT WAYNE, IN 46859		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: TELEPHONE	\$132.00	\$13,345.70	10/16/2023
HART RESEARCH ASSOCIATES, INC. 1724 CONNECTICUT AVENUE NW WASHINGTON, DC 20009		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POLLING	\$16,500.00	\$45,500.00	10/17/2023
SEXTON GROUP 440 NORTH WELLS, SUITE 540 CHICAGO, IL 60654		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONSULTING	\$12,579.00	\$12,579.00	10/17/2023
INDIANA DEMOCRAT PARTY 115 WEST WASHINGTON, SUITE 1165 INDIANAPOLIS, IN 46207		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	\$42,675.00	\$97,875.00	10/18/2023
CLUB SODA 235 EAST SUPERIOR STREET FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXPENSE	\$1,558.88	\$14,558.88	10/20/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$53,954.10	\$313,037.69	10/20/2023
DEREK CAMP 4126 SOUTH CALHOUN STREET FORT WAYNE, IN 46807		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OFFICE EXP	\$265.94	\$962.82	10/24/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$48,270.00	\$361,307.69	10/27/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 175,934.92		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>					



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
DEREK CAMP 4126 SOUTH CALHOUN STREET FORT WAYNE, IN 46807		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OFFICE EXP	\$68.19	\$1,031.01	10/27/2023
PREMIER PAYROLL, INC. 220 INSURANCE DRIVE, SUITE C FORT WAYNE, IN 46825		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WAGES & TAX	\$7,060.80	\$63,878.80	10/31/2023
THE RED STILETTO 6171 STONEY CREEK DRIVE FORT WAYNE, IN 46825		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MAKEUP	\$280.00	\$280.00	10/31/2023
ALLEN CO DEMOCRAT PARTY PO BOX 11544 FORT WAYNE, IN 46859		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	\$10,055.00	\$23,400.70	11/01/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$7,500.00	\$368,807.69	11/01/2023
ALLEN CO DEMOCRAT PARTY PO BOX 11544 FORT WAYNE, IN 46859		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	\$6,000.00	\$29,400.70	11/01/2023
ADAM HENRY 110 WEST BERRY STREET, STE 1100 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$6,000.00	\$7,506.98	11/01/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$19,883.00	\$388,690.69	11/03/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 56,846.99		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>					



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committees*). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

PAGE 04 OF 05

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
ALLEN CO DEMOCRAT PARTY PO BOX 11544 FORT WAYNE, IN 46859		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	\$5,000.00	\$34,400.70	11/03/2023
A PARTY APART 200 EAST SUPERIOR STREET FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXPENSE	\$2,078.38	\$2,078.38	11/03/2023
HILTON FORT WAYNE 1020 CALHOUN STREET FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXPENSE	\$4,919.20	\$4,919.20	11/06/2023
CHRIS GUERRERO 4131 TACOMA AVENUE FORT WAYNE, IN 46845		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OFFICE EXP	\$296.31	\$296.31	11/06/2023
CONEY ISLAND WIENER STAND, LLC 131 WEST MAIN STREET FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$250.00	\$1,250.00	11/06/2023
ALLEN CO DEMOCRAT PARTY PO BOX 11544 FORT WAYNE, IN 46859		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	\$34,620.00	\$69,020.70	11/06/2023
PATTERSON-RIEGEL ADVERTISING 200 EAST MAIN STREET, SUITE 710 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ADVERTISING	\$23,793.28	\$412,483.97	11/06/2023
JOE WELCH 1929 TRANQUIL COURT FORT WAYNE, IN 46804		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$1,500.00	\$1,500.00	11/06/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 72,457.17		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>					



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

State Form 4806 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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FILE NUMBER

PAGE 05 OF 05

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
KATY GUEBARD 1531 VERDIGRIS PASS FORT WAYNE, IN 46845		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$250.00	\$250.00	11/07/2023
RISE 'N ROLL BAKERY 5129 ILLINOIS ROAD FORT WAYNE, IN 46804		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MEALS	\$272.26	\$272.26	11/08/2023
ADAM HENRY 110 WEST BERRY STREET, STE 1100 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$11,066.40	\$18,573.38	11/08/2023
LEONARD J. ANDORFER & CO, LLP 110 WEST BERRY STREET, STE 2202 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING	\$4,500.00	\$12,450.00	11/10/2023
ADAM HENRY 110 WEST BERRY STREET, STE 1100 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$4,699.38	\$23,272.76	11/13/2023
PREMIER PAYROLL, INC. 220 INSURANCE DRIVE, SUITE C FORT WAYNE, IN 46825		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WAGES & TAX	\$29,468.48	\$93,347.28	11/15/2023
ADAM HENRY 110 WEST BERRY STREET, STE 1100 FORT WAYNE, IN 46802		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT EXP	\$4,516.30	\$27,789.06	12/01/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 54,772.82		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 431,454.30		