SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R6 / 5-19)

Signature of Treasurer

Signature of Candidate

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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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENDMENT? 🗌 Yes 🔲 No		<u> </u>			
	ITTEE INFORMATI				
1. Full Name of Candidate (Include any nickname.)					
Thomas (Tom) A Harris (260) 704-7333					
3. Malling Address (Address where all campaign finance correspondence is received.) □ Check if this is a new address.					
4. City State ZIP C		· -	liation or if independent Candidate		
FORT WAYNE IN 4	6885	Republ	Publicar		
6. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence					
Allen Co Commissioner District 1 A			Hen		
8. Reporting Period (mm/dd/yy):					
Fram: Through:					
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 CONTR OR OTHER RE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY	
Classification 1. Cory Miller 1333 Chanterelle Dr Fort Wayne, IN46845	Contributions: Ja-Direct In-Kind (describe)		,000°°	5/1/24	
Contributor's Occupation (if applicable)					
Classification 2. TI Source LLC 202 W Berry St, Ste 500 Fort Wayne, 1N46835	Contributions: Direct In-Kind (describe)		000	5/1/24	
Contributor's Occupation (if applicable)					
Classification 3.	Confributions: ☐ Direct ☐ In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (spe	acity)			
Contributor's Occupation (if applicable)		<u> </u>			
CERTIFICATION FOR OFFICE USE ONLY					
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLE	oge and Belief It	IS		

Date (mm/dd/y

Date (n

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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)

Treasurer