



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

(CFA-11)

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.

FILE NUMBER

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TOTAL PAGES IN ENTIRE CFA-11 REPORT

1 of

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.)  Check if this is a new name. **Thomas (Tom) A Harris**

2. Committee Telephone Number **(260) 704-7333**

3. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
**PO Box 85113**

4. City **Fort Wayne** State **IN** ZIP Code **46835**

5. Party Affiliation or if Independent Candidate **Republican**

6. Office Sought (Include district number, if any. Not required for exploratory committee.) **Allen Co Commissioner District 1**

7. County of Residence **Allen**

8. Reporting Period (mm/dd/yyyy):  
From: \_\_\_\_\_ 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.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
				(mm/dd/yyyy) RECEIVED BY
1.	<b>James Marcuccilli 534 Chestnut Forest Cv Fort Wayne, IN 46814</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	<b>\$1,000<sup>00</sup></b>	<b>5/3/24</b>
2.	<b>Ridge Fort Wayne Co, Inc 630 Avenue of Autos Fort Wayne, IN 46804</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	<b>\$1,500<sup>00</sup></b>	<b>5/3/24</b>
3.	<b>Peters For Allen County Commissioner 9934 Stowaway Cv Fort Wayne, IN 46835</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	<b>\$1,500<sup>00</sup></b>	<b>5/3/24</b>

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer **[Signature]** Title **Treasurer** Date (mm/dd/yyyy) **5-5-24**

Signature of Candidate (if applicable) **[Signature]** Date (mm/dd/yyyy) **5-5-24**

**FOR OFFICE USE ONLY**

**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)



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				RECEIVED BY
1.	<b>Thomas Grant 14030 Rohman Rd New Haven, IN 46774</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	<b>1,000<sup>00</sup></b>	<b>5/4/24</b>
2.	Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____		
3.	Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____		

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Signature of Treasurer 	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>5-5-24</b>
Signature of Candidate (if applicable) 		Date (mm/dd/yy) <b>5-5-24</b>

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