



# 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

3

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

### CANDIDATE INFORMATION (For Candidate's Committees Only)

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

### 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 checked="" 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
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12. Reporting Period (mm/dd/yy): From: <b>01/01/24</b> Through: <b>12/31/24</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$ 118,392.70	
14. Cash on hand and investments January 1, current year.		\$ 118,392.70

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	\$ 0.00	\$ 0.00
15b. Unitemized	\$ 25.00	\$ 25.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	\$ 25.00	\$ 25.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>		

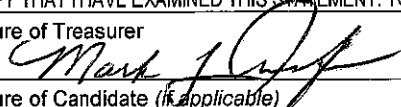
### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$ 118,417.70	\$ 118,417.70
17b. Unitemized	\$ 0.00	\$ 0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	\$ 118,417.70	\$ 118,417.70
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	\$ 0.00	\$ 0.00
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 	Title <b>TREASURER</b>	Date (mm/dd/yy) <b>01/15/25</b>
Signature of Candidate (if applicable)		Date (mm/dd/yy)

**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  
'25 JAN 15 AM 11:33



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**(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.

<b>FILE NUMBER</b>
<b>PAGE 01 OF 02</b>

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: <b>MONTHLY FEE</b>	<b>\$83.00</b>	<b>\$83.00</b>	<b>MONTHLY</b>
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: <b>MONTHLY FEE</b>	<b>\$89.18</b>	<b>\$89.18</b>	<b>MONTHLY</b>
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: <b>MONTHLY FEE</b>	<b>\$3.22</b>	<b>\$3.22</b>	<b>MONTHLY</b>
BAKER STREET STEAKHOUSE 4820 NORTH CLINTON STREET 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: <b>STAFF APPREC</b>	<b>\$721.03</b>	<b>\$721.03</b>	<b>01/05/2024</b>
PANERA BREAD 526 EAST COLISEUM BLVD FORT WAYNE, IN 46805		<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: <b>STAFF APPREC</b>	<b>\$59.58</b>	<b>\$59.58</b>	<b>01/23/2024</b>
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: <b>PAYROLL TAX</b>	<b>\$146.74</b>	<b>\$146.74</b>	<b>01/26/2024</b>
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: <b>PARKING</b>	<b>\$676.12</b>	<b>\$676.12</b>	<b>02/09/2024</b>
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: <b>ACCOUNTING</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>02/23/2024</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 6,278.87</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>					



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**PAGE 02 OF 02**

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>				
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: <b>CONSULTING</b>	\$90,310.00	\$90,986.12	02/26/2024
HOOSIER HEARTLAND LABOR FED 2917 ROOSEVELT AVENUE INDIANAPOLIS, IN 46218		<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: <b>CONTRIBUTION</b>	\$1,500.00	\$1,500.00	03/19/2024
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: <b>CONTRIBUTION</b>	\$2,500.00	\$2,500.00	03/22/2024
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: <b>EVENT EXP</b>	\$3,200.00	\$94,186.12	03/22/2024
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: <b>MEALS</b>	\$33.00	\$33.00	03/22/2024
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: <b>CONTRIBUTION</b>	\$10,000.00	\$12,500.00	10/11/2024
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: <b>ACCOUNTING</b>	\$500.00	\$5,500.00	12/30/2024
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: <b>CONTRIBUTION</b>	\$4,095.83	\$16,595.83	12/30/2024
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 112,138.83</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			<b>\$ 118,417.70</b>		