



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

	FILE NUMBER
1. IS THIS AN AMENDMENT? ☐ Yes X No If Yes, please enter the file number in this box. →	4le-18-19 -
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accura	itely as possible.
2. Last Name Middle Name Nickname	Type of Committee (Check one) Candidate's Principal Committee
Gramarossa Connie	Exploratory Committee,
4. Malling Address (number and street, city, state, and ZIP code) 5. FAX (Optional) 6. E-ma	l Address (Optional)
9444 N 500 EAST	-
7 Chy State ZIP Code 8. County 9. Telephone (Day)	10. Telephone (Evening)
Rolling Prairie IN 46371 LAPorte 219 229.446	5
11. Party Affiliation 12 Office Sought (Include district number, if any.	Not required for an exploratory committee.)
Democratic Libertarian Republican Other Commissioner Dis	Frior 1.
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accur-	ately as possible.
13. Full Name of Committee (Do not abbreviate.) Check if this is a new name. Committee to elect Connie Gramanossa	ail Address (Optional)
14. Mailing Address (number and street, city, state, and 21- code)	
	120, Committee Organization Date
Rolling Prairie IL 46371 LA Porte (219) 229-4465	(mm/dd/yy)
21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.	
2. Malling Address (number and street, city, state, and ZIP code) Check if this is a new address. 23. FAX (Optional) 24. E-m	ail Address (Optional)
1566 Glacier Bend	
25. City State ZIP Code 26. County 27. 1 elephone (Uay)	28. Telephone (Evening)
LA Poiete IN 46350 LA Porte (219) 575-391	8 ()
29. Bank or Other Depositories It ist all banks or other depositories in which the committee deposits funds, holds accounts, rents safety	deposit boxes or maintains funds.)
Horizon Sank	and the any the conditate a salary or
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 31. Salarles and Reimbursements (Will It reimbursement for lost wages? If Yes, attack	th a copy of the contract.) The Yes King No
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)	ommittee Thairperson
32. I, as Champerson of the foregoing	1 Str
1- 1/1/1/20 NICHARD NI	1 × 100 /
33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.	//
34. Malling Address (number and street, city, state, and ZIP code) Check if this is a new address. 35. FAX (Optional) 36. E-m	1/
	all Address (Ootional)
Address (number and sheet, chy, state, and 21 code)	all Address (Optional)
1 8444 N 500 EAST	all Address (Optional) 40. Telephone (Evening)
3444 N 500 EAST 32 City 38. Compty 39. Telephone (Day)	
8444 N 500 EAST 33 Clty Rolling Prairie IIN 46371 LA Porte 219,014-8044	
Rolling Prairie IN 46371 LA Porte 219,014-8044	40. Telephone (Evening)
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person of a campaign finance committee (except as	40. Telephone (Evening)
Section D. Acceptance of Appointment (IC 3-9-1-15) All give notice that I accept the duties and responsibilities of Treasurer of this Signature of Personal Dermittee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	40. Telephone (Evening) () ccooking Appointment
SECTION E CERTIFICATION OF STATEMENT	40. Telephone (Evening) () ccooking Appointment FOR OF FICE USBONLED
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). SECTION E. CERTIFICATION OF STATEMENT We cartify as the candidate and the duly appointed Chairperson of the Committee and that we have	40. Telephone (Evening) () ccooking Appointment
Section D. Acceptance of Appointment (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Section E. Certification of StateMent We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.	40. Telephone (Evening) () Cooping Appointment FOR OFFICE USEONLE IN CLERKS OFFICE
Section D. Acceptance of Appointment (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Section E. Certification of StateMent We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. 42. Typed or Printed Name of Chairperson Signature of Person Date (mm/dd/yy) Date (mm/dd/yy)	40. Telephone (Evening) () ccooking Appointment FOR OF FICE USBONLE
Section D. Acceptance of Appointment (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Section E. Certification of StateMent We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. 42. Typed or Printed Name of Chairperson Signature of Person Date (mm/dd/yy) Profile III 1988	40. Telephone (Evening) () Cooping Appointment FOR OFFICE USEONLE IN CLERKS OFFICE
State	40. Telephone (Evening) () CCOOKING Appointment FOR OFFICE USECONLED IN CLERKS OFFICE JAN 1 8 2018
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). SECTION E. CERTIFICATION OF STATEMENT We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. 42. Typed or Printed Name of Chairperson Signature of Person Signature of Person Date (mm/dd/yy) Date (mm/dd/yy) Date (mm/dd/yy) Date (mm/dd/yy) Date (mm/dd/yy) Date (mm/dd/yy)	40. Telephone (Evening) () Cooping Appointment FOR OFFICE USEONLE IN CLERKS OFFICE
State	40. Telephone (Evening) () Coopting Appointment FOR OFFICE USBONLED IN CLERKS OFFICE JAN 1 8 2018



OF

(CFA-4)

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14) Summary Sheet
FILE NUMBER

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.

46-18-19

IS THIS AN AMENDMENT? The Yes No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full Name of Committee (as on Statement of Organization) Check if this is a n	ew name.			
Committee to ELECT CONNIE GrAMAROSSA				
2. Acronym or Abbrevlated Name (If any)	3. Co	mmittee Tele	phone Numbe	r
	1 2	219, 2	29 4465	
B444 N 500 E	Check if	this is a new	address.	
6. Clar State, ZIP Code	6. Pa	rty Affiliation	(if applicable)	
KOLLING PrAIRIE IN 46371	I E	EDublia		•
CANDIDATE INFORMATION (For Candidate's	s Commit	tees Only)		
7. Full Name of Candidate (Include any nickname.)	8. Pa	rty Affiliation o	or If Independe	ent Candidate
CONSIDERO (CONVIE) GRAMATOSSA		REDUBLI		
9. Office Sought (include district number, if any, Not required for evaloratory committee)	10. C	ounty of Resi		
LAPORTE COUNTY COMMISSIONER DISTRICK 1	1 4	ADOPTE.		
TYPE OF REPORT			CONVENTIO	ON CANDIDATES ONLY
11. Check one:		•	Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Con	vention
Final / Disbands Committee (Unes 18, 19, and 20 must be '0'.) Outgoing Treasurer (Within ten (10) days amend	Statement of O	rganization.)	Post-Cor	
12. Reporting Period (mm/dd/yy):	· · · · · · · · · · · · · · · · · · ·		UMN A	00111111
From: 1-1-18 Through: 4-13-18			Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		-	2	
14. Cash on hand and investments January 1, current year.				
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)	1			
15b. Unitemized		10,25	D. =	
15c. Add lines 15e and 15h is both columns	<u> </u>			
	BTOTAL		50.00	
18. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	10,z	50°C	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)			_	
Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized		BOL	3.05	
17c. Add lines 17a and 17b in both columns.	···	0		
	BTOTAL	806	3,05	
18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.)	TOTAL	1604	.98	
19. Debts OWED BY the committee (Use Schedule D.)		3050	20X	
20. Debts OWED TO the committee (Use Schedule E.)			1	
CERTIFICATION			- 2	To oc Ear u Danny
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND RELIFE IT IS	TRUE COR	RECT AND COL	PINECIERK	R OFFICE ONLY
Title		ate (mm/dd/		
Signature of Endidate (if applicable)		4-18-18	K	0 2018
	D	ate (nim/dd/)	APR 2	0 2018
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulant report commits a Level 6 falony //C 3.14.1.13.0 person and file to	110 20 4 51	7/1/5/	/ 0	11:40 AM
				Albertal
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5	-4-16, IC 3-9	-4-17, I¢ 3-9-€1	BRK OF UA PO	RTE CIRCUIT COURL

COMMITTEE INFORMATION



State Form 4606 (R14 / 10-17) 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 contribution regardless of amount from political action committees MUST be itemized on this schedule, All cumulative receipts, (such as loan proceeds and reperments, 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).

		NUME		
Page _	1	of	_/	

			Page	_ of /
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTE OR OTHER RECEIPT	AMOUNT THIS		DATE RECEIVED
"Committee to ELECT RICHARD 'S Mrozinski JR 2303 E 150 N	Contributions: Direct in-Kind (describe)	PERIOD 5000	YEAR-TO-DATE	PECEIVED BY
LAPONTE IN 46350	Other Receipts: interest Loan Miscellaneous (specify)			RICHARD CIRAMARCIA TIBASUTES
	Contributions: Direct In-Kind (describe)			TENSOTA
3.	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct In-Kind (describe)			
4.	Other Receipts: Interest Loan Miscellaneous (specify)		`	
	Contributions: Direct In-Kind (describe)			1 1987 2 1987
5.	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct in-Kind (describe)			
	Other Receipte: Interest Loan Miscellaneous (specify)		-	
SUBTOTAL TH	IIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 1	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14)

Indiana

(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	NUMB	ER	
		. ,		•
Page	1	_ of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Timonty SSTA DOSZ 1501 MichigAN AVE	Contributions: Direct In-Kind (describe)	25000	25000	MARCH 5,18
LAPORTE IN, 412350	Other Receipts: Interest Loan Miscellaneous (specify)			RICHARD BRAMAROSSA
Contributor's Occupation (il required)				Treasurer
FAUL C ZONA 6706 N 300 W	Contributions: Officet In-Kind (describe)	1000.00	1000,00	3-5-18
Michigan City IN, 46360	Other Receipts: Interest Loan Miscellaneous (specify)			RICHARD GRAMATOSSIA
Contributor's Occupation (Wedgured) Ketired		1		TTENSURER
MICHAEL W CONDER CLAIE M CONDER	Contributions: Direct In-Kind (describe)	240.00	240.0C	3-5-18
114 BEHELSWEET Trail MICHGAN CHY IN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			PIOBART) BRAMAROSSA
Contributor's Occupation (if required)				Treasurer
ELIZABETH L CAMACHO CAEL D CAMACHO 2381 BLACKBOLD DEVE	Contributions: Direct In-Kind (describe)	5000	500,00	3-14-18
INDIANARIS IN 4634	Other Receipts: Interest Loan Miscellaneous (specify)		}	RICHAED QRAMAROSS 4
Contributor's Occupation (il required)				Treasurer
Richard Gramarossa Consuglo Gramarossa BUY N 500 E	Contributions: Direct In-Kind (describe)	950°C	95000	1-26-18
Rolling Pr. IN 46371 Contributor's Occupation (18 required)	Other Receipts: . Interest Loan Miscellaneous (specify)			KiUhaed Bramarosa
Contributor's occupation (# required)				Treasurer
	HIS PAGE OF SCHEDULE A	\$294000		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	15a of the Summary Sheet.)	\$		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 entitles 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				
Page _	1	_ of _	3	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (nunldd/yy)
online	Printing	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	77.47		1-23-18
315 Lincolnway L.P. IN 46350	Printing	Direct tn-Kind Peyment of Debt Returned Contribution Other Purpose:	124.17		1-248
Code O Florizon BANKS 1500 Lincoln Way LP. IN 4638	Checks	Direct thr-Kind Payment of Debt Returned Contribution Other Purpose:	40.37		1-31-18
LP. IN 46350	Banners	☐ Otrect ☐ In-Kind ☐X Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	343.80		2-1-18
COMED Karahtess Clothing E Letter 517 State: St L.P. IN 46350	Supplies	Direct In-Kind Payment of Debl Returned Contribution Other Purposo:	16.05	- 1	2-2-18
Hawkins 315 Lincolnway Lit. IN 46350	Printing	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	45.80		2-5-18
5780 Franklinst Michigan City IN 46360	Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	25.88		J-13·/8
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE BON THE		\$ 713.49		
	(Enter total on ITEM 17a of th	e Summary Sheet.)	\$		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 17g of the Summary Sheet. All cumutative 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 cumutative 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			
<u> </u>			
Page_	<u></u> 2 of _	3	

	RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	Hobby Lobby H351 Franklin St M.C. IN 46360	Supplies	Otrect In-Kind Payment of Debt Returned Contribution Other Purpose:	21.64		2-15-18
	Code A Plus Makketin 8250 Mississippi St Merrillville IN 4644	0.4.6.13	Direct In-Kind Payment of Debt Returned Contribution Officer Purpose:	650.03		A1618
	LAZOIZTÉ Chamber	Ticket	☐ Direct ☐ tn-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	38.00		2.20.6
	Party City Le10 Porters Vale Blud	Parade Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	166.68		21-18
1	Cost co. Lestight Lest E Liniversity of Hishawaka, IN 46530	Food Fundraiser	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	223 37	1	2.27.18
	Michigan City IN- 5400 Franklin St 46360	fundraiser	Payment of Debt Returned Contribution Other Purpose:	250.20		2.28.18
	000 <u>0 </u> Office Max 118 Dunes Plz 4.C. IN 46360	Supplies	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	€.26		3.5.18
	TOTAL OF ALL PAC	SUBTOTAL THIS PAGE SES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 1388. (3) \$		
_		Territor total On ITEM ITA OF IN	Summary Sneet.)			



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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	NUMBE	R
Page _	3	of	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
COUB A A.C. SIGNS 836 S. Arlington Hots Rd EIK GROVE Village IL 105 60007	Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3402°CC		3-5-18
MENARDS MICHIGAN City 5260 Franklin St	Parade	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	73 <i>5</i> 8		3-E-18
315 Lincolnway, L.P. IN 46350	Peinting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	158.15		Z-E-18
Code V. F. W	DOUATION FUNDRAISET	Direct	50:º		3-13-18
S365. Arlington Elk GROYÉ Village IL	Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2050.00		3-15-18
COOR E EXCHANGE CLUB	- FUNDRAISER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose;	13500		3-27-18
code O KEMIX	SHULLERS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	89.70	-	3-26-18
TOTAL OF ALL THE	SUBTOTAL THIS PAGE	OF SCHEDULE B	4961.43		
TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE L (Enter total on ITEM 17a of the	AST PAGE ONLY	B063.05		

3 ... V. ...



State Form 4608 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this achedule. For essistance in completing this schedule, see instructions on the reverse side. List all debts and loans, reperclass of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor peid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the catendar year. Otherwise, this is optional.

	FILE NUMBER
Page	of

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
RICHARD GRAMMEDSSA SUYU N 500 E ROLLING Pr IN 4637 LENDERS OCCUPATION		3050.00 LOAN	1-26-18 THUF 4-3-18	3050°C	3050 <u>c</u>
LEMDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S COCUPATION					ela de la companya de
LENDERTS OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		SUBTOTAL T	IIS PAGE OF S	CHEDULE n &	
	TOTAL OF ALL PAG	GES OF SCHEDULE D (Enter total on ITEM	ON THE LACT O		



State Form 4605 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

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.

OF

(CFA-4) **Summary Sheet**

FILE NUMBER 46-**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

IS THIS AN AMENDMENT? Tyes No	L		,
COMMITTEE INFORMATION	·		King the state of
1. Full Name of Committee (as on Statement of Organization)			
Committee to ELECT CONNIE GRAMAROSSA			
2. Acronym or Abbreviated Náme (if any)	_	nmittee Telephone Number	
	2	P) 229-446	5
The state of the s	heck if t	his is a new address.	
BYYY N SOO EAST			
5. City, State, ZIP Code		y Affiliation (if applicable)	
Polling Pr IN 46371		Lepublican	
CANDIDATE INFORMATION (For Candidate's Co	_		
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independen	nt Candidate
(busuelo (CONNIE) Gramarossa		REPUBLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
Laporte County Cammissioner TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	TOANDIDATES SILET.
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Stater	ment of Oc		
			COLUMN B
12. Reporting Period ($mm/dd/yy$): From: $4-13-18$ Through: $10-19-18$		COLUMN A 4 This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			
14. Cash on hand and investments at the deginning of this reporting period.			0
CONTRIBUTIONS AND RECEIPTS	rice ⁷ j.		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	-		
15a. Itemized (Use Schedule A.)		33,015,	41,078.10
15b. Unitemized		0	0
15c. Add lines 15a and 15b in both columns.	DTAL	33,015,-	41,078.10
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	33,015,-	41,000.10
EXPENDITURES STATES OF THE STA	1.11		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		20,156.82	28,219,92
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	OTAL	20,156.82	28,219.92
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	12,858.18	12,858,18
19. Debts OWED BY the committee (Use Schedule D.)		15,573.10	11.0
20. Debts OWED TO the committee (Use Schedule E.)		OF	
A STATE OF THE PROPERTY OF THE			CLERKS OFFICE
I CERTIFY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU		•	OR OTHER DOC ONE
Signature of free orer Title		Date (mm/dd/yy)	OCT. 1 9 2018
Gulen Granarum Treasuror		10-19-18	JUL 1. J EURO
Signalurie di Candidate (il 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		A person who knowinGMERK C	FLA PORTE CIRCUIT COURT

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)



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14)

Indiana

(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	1	_ of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Fundraiser Colfouting.	Contributions: Direct In-Kind (describe)	9,4000	EANTOUNE	6-23-18
Contributor's Occupation (if required)	Other Receipts: Interest Loen Miscellaneous (specify)			Richard Qramarosaa Treasurer
Fundraiser Shady Creek B	Contributions: Direct In-Kind (describe)	7995.00		
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Protectal Ammerosa Trassurer
Richard Commercia Courie Crampicasa 8444 N 500 E	Contributions: Direct In-Kind (describe)	2.500°C		6-18-18
PULLING Pr IN 46371 LADUTTE COUNTY REGIONMENT & Contributor's Occupation (il required) - Comment & Commen	Other Receipts: Interest			Richard Gramanossa Treasurer
* Riunard aromanossa Annie Grambrossa	Contributions: Direct In-Kínd (describe)	1000.40 EK1746		8-31-18
EY44 N 500 E ROLLING Pr IN 4137 LADOTE COUNTY COVERNMENT & Contributor's Occupation (il required) Lorum 156 1000 (Other Receipts: Interest X Loan Miscellaneous (specify)	•		Richard Gramarossa Treasurer
EVYY N 500 E	Contributions: Direct In-Kind (describe)	2000.00 UK 1749		9-28-18
Rolling Pr IN 46371 Laporte Bount Ruserment &	Other Receipts: Interest Loan Miscellaneous (specify)			Richard Ummarosa Treasurer
	THIS PAGE OF SCHEDULE	22,895-		1100000
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(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 toan 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	2	_ of	2_	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions	PERIOD	YEAR-TO-DATE	
TIMOYHY 5 STAROSZ	Contributions:			10-9-18
1501 MIENIGAN BIND	In-Kind (describe)	5000		5250
LAPORTE IN . 46350			l	
LAJSON'S DO : 10/)	Other Receipts:		1	
	Interest Loan	,		Political
	Miscellaneous (specify)			Gransinst
Contributor's Occupation (if required)				Treasurer
2	Contributions:			10-9-18
DAVID PENDE PEAST	Direct In-Kind (describe)			l
P.O BOX 11673	(12Killo (uescribe)			52-20-
Laparte IN 4850	Other Receipts:	250		
	Interest Loan			
	Miscellaneous (specify)			Richard Grandrosa A
Contributor's Occupation (if required)	<u> </u>		·. ·	Trensuser
3	Contributions:	· · · · · · · · · · · · · · · · · · ·		DED 10-9-18
COFFEE FIND RAIS	Direct	}		310-
	In-Kind (describe)		i	1
		370.00		
	Other Receipts:			_
	Miscellaneous (specify)	İ		Behard
				Gramgross A
Contributor's Occupation (if required)				TOENSUIER
1 D 1 10 10	Contributions:		:	DEP 10-10-18
Patriot & Course armyrous	☐ In-Kind (describe)			250°-
Reserve Dr. IN 4637,	Other Receipts:	2500		
	Interest D Loan]	ROLLIOI
	Miscellaneous (specify)	aic		arangruss 9
Contributor's Occupation (if required)		0		TRASLIER
	Contributions:			10-5-18
" Richard Gramarossa.	Direct		i	10-7.0
8444 N 500 E	In-Kind (describe)		1	
Rolling Pr IN 46371		•	1	
	Other Receipts: V	1		
	Miscellaneous (specify)			Richard
·	inidadina labority	2,000.	1	Richard
Contributor's Occupation (il required)				T
•	THIS PAGE OF SCHEDULE	10,120,00	1	
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	33,015.00		



State Form 4606 (R14 / 10-17) 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 contribution, within a calendar year MUST be itemized on his schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions receipts of amount from candidate's, legislative caucus, are regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loen 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_				

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	
Committee to GEET	Official			8-20-18
Bohalek Sexate 220 Pokagow Dr Michagow City IN 46360	n-Kind (describe)	750 Or 1055		
220 Pokadow Dr		Dr 1055		
Michigan City IN	Other Receipts:	مرد در عن		
46360	Interest Loan			Richard
	Miscellaneous (specify)			Grama rossa
				Treasurer
2	Contributions:			
	In-Kind (describe)			
	Other Receipts:			*
	Interest Loan			
	Miscellaneous (specify)			
	<u> </u>			
3.	Contributions:			
	Direct			
	in-Kind (describe)		•	
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
4.	Contributions:			
	Direct			
	In-Kind (describe)			
			Ť	
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)	_]
5.	Contributions:			,
	☐ Direct☐ In-Kind (describe)		•	
	T ILLIANO (ABRANDO)	• •		e reach some
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
			l k ·	
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ 750-	-	
TOTAL OF ALL PAGES OF SCHEDULE		120-		
	1 15a of the Summary Sheet.)	\$ 750-		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 ection, or regular party committees) MUST be itemized on this schedule.

	FILE I	NUME	BER	
Page _	/	_ of _	5	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Uista Print 4/18	Printing DBT	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	158.50		Yiehe
Vistaprint on line	Printing DBT	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	z9.₹ <u>≶</u>		4/18/18
Capital Promotions inc	Drinting DBT	Direct In-Kind Payment of Oebt Returned Contribution Other Purpose:	1390,05		6-26-18
Mianyan Chy IN	Supplies DRT PATALE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	宠生		6-27-18
Michael Orly IN	Sypplies DBT Parade	Payment of Debt Returned Contribution Other Purpose:	29.53		6-27-18
CLUB Bran Leaf QUF	Briar Leaf Colf Civis Fondlaiser UK	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	1980.95		6-23-18
Code F Brar Leaf Colf (LUI3	Brown Leaf Coif Club Fondrouger OK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	275æ		6-23-18
	SUBTOTAL THIS PAG		3,89142		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 ection, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	2	_ of	5	

· . . .

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Friends of Sin Dressel	Friends at Sim Pressel Donation (ik	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200°		61618
MENARDS MICHEAN CHY IN	Sipplies Sign Roos	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	8A.62_		17-5-18
MICHIGAN City IN	Supplies For signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	65.00		7-6-18
Swanson Center	Donation Hole Sponsor CK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100'cc		7-13-18
LAPORTE (Gunty Fair	Advertising over P.A CK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2040		7-1018
Code D K;	DONATION OK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	<i>85.</i> -		6-1-18
AMETICIA LEGION	DONATIONS BK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Z00°5		7-6-18
TOTAL OF ALL DA	\$1519.68				
TOTAL OF ALL PA	\$,			



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 ection, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
		•••		
Page_	3	_ of	5	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
T.D. Plas	Avertising Ox	Direct in-Kind Payment of Detri Returned Contribution Other Purpose:	1061.25		7-30-16
AMELINGS	TRUOK SIGNS OL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	325.0C		7-31-18
'Kiel media	AD'S QL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1316.2U		8-9-18
Lustin Kiel	AD CK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	350,00	:	8-9-18
REPUBLICAN Party	For Markit Peis Polling CK	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	1250°C		8-15-18
OFFICEMAX DENOT MICHEAN OILY	Printing DBT	Direct h-Kind Payment of Debt Returned Contribution Other Purpose:	141.24		9-27-18
M.S. N		X Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200.°S		8-27-18
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE 8 ON THE (Enter total on ITEM 17a of to	LAST PAGE ONLY	\$472369 \$		



Form 4605 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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					
Page_	4	_ of _	5		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Shudy Creek	Fundraiser ex	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1394.00		8-29-18
BUTKHANT SIGNS BYBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	Advertising OK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2020.40		B-30-18
Code A WIMS	WIMS Advertising CK RAGICS	Direct In-Kind Payment of Oebt Returned Contribution Other Purpose:	450.05		G-Z7-18
Code	-Asol	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	.500		g
COUGH WCOF	Advertising Endio or	Otrect In-Kind Payment of Debt Returned Contribution Other Purpose:	3H.O.C.		9-29-18
Coold OFFICE MAX	Brochuse	Payment of Debt Returned Contribution Other Purpose:	94.16		10-1-18
OFFICE MAY	PADET OK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	322-		10-1-18
TOTAL OF ALL D	SUBTOTAL THIS PAG		\$4654.56		
TOTAL OF ALL PA	s				



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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 ection, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page 5	of_	5		

...

RECIPIENT'S NAME AND MAILING ADDRE (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (nim/dd/yy)
Code A WEOE	Radio CK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	374-		9-29-B
Code P HAWKINS Print Shop	Printing CK	Direct In-Kind Payment of Debl Returned Contribution Other Purpose:	320.47		10-5-18
Burkhart Signs	ADVERTISING CK	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1250-		<i>31-1201</i>
A.C SKINS	SANS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	975-		10-9-18
Code A CEMINA Modia	RADIO AD'S	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2418.00		10-10-18
Code	•	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			٠
Code	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$367.47	1	
TOTAL OF ALL	PAGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY he Summary Sheet.)	20,156,81		



State Form 4506 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional

FILE NUMBER					
	•				
Page _		1	_ of _	_/_	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Rehard Gramarossa 8444 N 500 E Rolling Pr IN 46371		3050,-	7-20-8 4-20-8		
LEHDERS OCCUPATION		From LAST Period			5573,10
Richard Gramarossa BUYY N 500 E Rolling Pr IN 41871	,	2500.	6-18-18		25007
LEHDER'S OCCUPATION		LOAN			
Richard Gramarossa. 8444 N 500 E Polling A IN		1000,-	8-31-18		1000;-
LEIDERS OCCUPATION		LOAN			
Richard Bramarossan BUY N 500 E Rolling Pr IN		2.000	9-28-18		z000,-
46371		LOAN			
Richard Gramarossa Suly N 500 E Rolling Pr IN		2000	10-5-18		200
LENGTRS COOURATION		LOAN		 	
Richard Gramarosa		2500.	10-10-18		z500.
Boiling Pr IN 46371		LOAN			
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

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?

OF

(CFA-4)

Summary Sheet

FILE NUMBER 46-18-**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	v name.			
Committee to Elect CONNIE Gramgrossa				
2. Acronym or Abbreviated Name (if any)	1	mittee Telepho		
	(21	9, 229	7-446	5
4. Mailing Address (Address where all campaign finance correspondence is received.) 8444 N 500 EAST	Check if th	is is a new add	dress.	
5. City, State, ZIP Code	6. Party	Affiliation (if a	pplicable)	
Rulling Pr IN 46371	K	epublica	iN.	
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)		
7. Full Name of Candidate (Include any nickname.)		Affiliation or If	Independer	t Candidate
Consuelo (Connie) Gramarossa	1	epublica	3N	-
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residen	ice	
Laporte County Commissioner Districk #1		LAporte		
TYPE OF REPORT		С	ONVENTIO	N CANDIDATES ONLY
11. Check one:		С	heck one:	
Pre-Primary Pre-Election Annual Nomination Other		[Pre-Conv	ention
Final / Disbands Committee (Unes 18, 19, and 20 must be 10".) Utgoing Treasurer (Within ten (10) days amend S	tatement of Orga	anization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):		COLUN	INA a	COLUMN B
From: 1-1-18 Through: 4-13-18		This Po	eriod	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0		
14. Cash on hand and investments January 1, current year.				•
CONTRIBUTIONS AND RECEIPTS AND RECEIPTS	271 60			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		8063	3,10	
15b. Unitemized				
15c. Add lines 15a and 15b in both columns.	STOTAL.	8063	1.10	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	8063	.10	
EXPENDITURES TO THE PROPERTY OF THE PROPERTY O				· ,
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		8063,	10	
17b. Unitemized		6		
17c. Add lines 17a and 17b in both columns.	BTOTAL	8063	,10	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0		
19. Debts OWED BY the committee (Use Schedule D.)		15,573	10F	
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>	_IN	2.4
CERTIFICATION				OR OFFICE USE ONLY
I CERTIEN THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS				CT 1,9 2018
Signature of Treasure Title	0	ate (mm/dd/sy)	\$ LL	•
Signal ore bl Candidate (if applicable)	D:	ate (/nm/dd/vy)		Krupepelalek
organistic fit opphiotomy	7	0/19/4	CLERK OF	LA PORTE CIRCUIT COUR
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	e. (IC 3-9-4-5)	A person who kno	owingly	-
files a fraudulent report commits a Levet 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-14-1-14)	rate report as 9-4-16 IC 3-0.	required by the 4.17, IC 3-9-4-18	Indiana)	
Company of the contract of the		, , , , ,		



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14)

Indiana

(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		_ of	2		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (nm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Timonty Stabosz 1501 Michigan AVE	Contributions: Direct In-Kind (describe)	25000	25000	MAROH 5,18
LAPORTE IN, 412350	Other Receipts: Interest Loan Miscellaneous (specify)			PIRMAROSSA
Contributor's Occupation (if required)				Treasurer
PAUL C ZONA 6706 N 300 W	Contributions: Direct In-Kind (describe)	1000.00	1000,00	3-5-18
Michigan City IN, 46360	Other Receipts: Interest Loan Miscellaneous (specify)			RICHARD GramarossA
Contributor's Occupation (il required) Letired	Contributions:		·.	Treasurer
MICHAEL W CONDER CLAIE M CONDER	Direct In-Kind (describe)	240.00	240°C	3-5-18
MICHGAN CHY IN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			RICHARD CRAMARUSSA
Contributor's Occupation (if required)				TRASURET
ELIZABETH L CAMACHO CAEL D CAMACHO 2381 BLACKBOLD DEVE	Contributions: Direct In-Kind (describe)	500°	300,00	3-14-18
INDIANARNIS IN 4634	Other Receipts: Interest Loan Miscellaneous (specify)			RICHAED QEAMARUSS 4
Contributor's Occupation (if required)	0.10.0			Treasurer
*Richard Gramarossa Consuglo Gramarossa BUY N 500 E	Contributions: Direct In-Kind (describe)	.95000	95000	1-26-18
BAYY N 500 E POlling Pr. IN 4B71	Other Receipts: Interest D Loan Miscellaneous (specify)			KiUHAED Gramasuma
Contributor's Occupation (if required) Contributor's Occupation (if required)				Treasurer
	HIS PAGE OF SCHEDULE A	\$2940°C		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14)

Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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	FILE	NUMB	ER	
		. ,		
Page	2_	_ of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	Oct-Statle	PERIOD	YEAR-TO-DATE	RECEIVED BY
GIGHACD GramAROSSA	Contributions:	(==00	(= 00	2-16-18
LONSORIO Gramarous A	In-Kind (describe)	600,00	60000	
8444 N 200E	· 			
Rolling Pr IN, 46371	Other Receipts:			Richard
	Miscellaneous (specify)			GRAMAROSSA
Contributor's Occupation (il required) LANAID ATE				Tressurer
2 Richaed aramarossa	Contributions:		- ~	2-20-18
Consuelo aramarossa	in-Kind (describe)	<i>5</i> 00,00	50000	
844 N 500 E				
ROLLING Pr IN 416371	Other Receipts: Interest Doen			Richael
1	Miscellaneous (specify)		!	Gramarosan
LADORTE COUNTY ROVERMENT CONTRIBUTOR'S Occupation (# required) CANDIDATE				Topic
10	Contributions:	· .	· · · · · · · · · · · · · · · · · · ·	Treasurer
"Kichard Gramarossa Consuelo Gramarossa	Direct	<i>50</i> 000	500	3-14-18
8444 N 500 E	☐ In-Kind (describe)			
RULLING Pr IN 46371	Other Receipts:		i	
Faction +1 11 409/1	Interest K Loan	ļ		RICHARD
Contributor's Octupation (il required) LANGIUPTE	Miscellaneous (specify)		i	aramasossi
Contributor's Octupation (il required) UANOIAPTE				Treasurer
Richard GramaRossa	Contributions:	500°C		1-3-18
Consuelo Gramarossa	In-Kind (describe)	500.	500.cc	QK 5231
BUYY N 500 E.				{
ROLLING Pr IN 46371	Other Receipts: Interest Loan		İ	RICHARI)
· 1	Miscellaneous (specify)			GramarossA
Contributor's Occupation (it required) CANDIDATE				
5 Robard Gramaroxa	Contributions:			Treasurer
Paral Paranosa	Direct	į		
Povsivolu Bramarossa Byvy N 500 E Buling Pr IN 46371	☐ In-Kind (describe)		Ì	: 4-4-18
PULLE PC IN 46571	Other Receipts:			
pully , see see	Interest Loan	之3.10	. [Richard
	Miscellaneous (specify)	İ		weamarossa
Contributor's Occupation (if required) CANA date	·			Treasurer
SUBTOTAL TH	IS PAGE OF SCHEDULE A	4,623,10		- CASOTEI
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY	7563:10		



State Form 4606 (R14 / 10-17) 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 contribution, within a calendar year MUST be itemized on his 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				
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Page _		of	/	

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
l	Contributions: Contributions: In-Kind (describe)	900:-	90	1-10-18
Frongia Missings			ļ	
Committee to Event Probatel Miozinski 2303 E 150 N Lapoete in 40350	Other Receipts: Interest Loan Miscellaneous (specify)			Richard Aramsrossa Treasurer
	- "			
				I reasuler
2.	Contributions:			
	Direct			
	In-Kind (describe)			
İ			•	• `
	Other Receipts:	., '		
	Interest Loan			1
1	Miscellaneous (specify)			
	<u> </u>			
3.	Contributions:			
	☐ Direct			,
	In-Kind (describe)			•
		,		
	Other Receipts:		1	
	interest Loan			
	Miscellaneous (specify)			
,				
4.	Contributions:			
<u>,</u>	Direct			
	In-Kind (describe)		!	
•			•	•
	Other Receipts:			
	Interest Loan			
•	Miscellaneous (specify)			
	- Wiscensized's (specify)	-		
5.	Contributions:			
	☐ Direct			٠٠.
	☐ In-Kind (describe)			
	·			
	Other Receipts:			
	nterest Loan			
,	Miscellaneous (specify)		,	
	1			
	THE DIES OF CO.		'	
<u></u>	THIS PAGE OF SCHEDULE A	\$ 500.		
TOTAL OF ALL PAGES OF SCHEDULE				
(Enter total on ITEN	f 15a of the Summary Sheet.)	\$		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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	NUM	BER	
Page _	1	of	3	

<u> </u>					<u>' — — — </u>
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (min/dd/yy)
online	Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	77.47		1-23-18
315 Lincolnway L.P. IN 46350	Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	124.17		1-248
Florizon BANKS 1500 Lincoln Way LP. IN 4630	Checks	Correct In-Kind Payment of Debt Returned Contribution Other Purpose:	40.37		1-31.18
LP. IN 46350	CANTIETS	Otrect tn-Kind X Payment of Debt Returned Contribution Other Purpose:	343.80	1	2-1-18
Karahtess Clothing E Letter 517 State St L.P. IN 46350	Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	16.05		2-2-18
Hawkins 315 Lincolnway Lit. IN 46350	Printing [Direct In-Kind Payment of Debt Returned Contribution Other	45.80		2-5-18
5780 Franklin St Michigan City IN 46360	Supplies	Payment of Debt Returned Contribution Other purpose:	25.88	ć	Q-13-18
TOTAL OF ALL PAGE	SUBTOTAL THIS PAGE ES OF SCHEDULE B ON THE L (Enter total on ITEM 17a of the	AST PAGE ONLY	713.59		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER
Page <u></u> of <u>3</u>

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Hobby Lobby Hobby Lobby 4351 Franklinst M.C. IN 46360	Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	21.64		2-15-18
Code A Plus Makketing Saso Mississippi St Merrillville IN 4644		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	650.03		H418
LABORTÉ Chamber	Tickets	ChDirect In-Kind Payment of Debt Returned Contribution Other Purpose;	38.0		2.20.6
PARty City Lel D. Porters Vale Blud	Parade Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	166.68		21-18
Cost co. Led 5 E liniversity Pro Hishawaka, IN 46530	Food Fundraiser	Ditrect In-Kind Payment of Debt Returned Contribution Other Purpose:	223 32		2.27.18
Code F Gordon Michigan City IN 5400 Franklin St 46360	fundraiser	Direct In-Kind Payment of Debt Returned Contribution Other Purpose;	250.20		228.18
COOH D Office MAX 118 Dunes Plz M.C. IN 46360	Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	€.26		3.5.18
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$1388.(3) \$		
	L-Mai Cotal Off ITEM ITA OF TH	e Summary Sneet.)			



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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	FILE	NUMBER	₹
Page _	3	_ of	3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (min/dd/yy)
COOR A A. C. SIGNS 836 S. Arlington Hots Rd EIK GROVE Village IL 105 60007	5iqhS	Oirect In-Kind Payment of Debt Returned Contribution Other Purpose:	3405,00		3-5-18
MENARDS MICHGAN CILY 5260 Franklin St	Parade	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	73 <i>.58</i>	•	3-8-18
COOO A HAWKINS 315 Lincolnway, L.P. IN 46350	Printing	. Prirect in-Kind Payment of Debt Returned Contribution Other Purpose:	158.15		Z-E-18 '
Code E V. F. W	DOUDTION FUNDEAISET	Direct h-Kind Payment of Debt Returned Contribution Other Purpose:	50;e		3-13-18
S365. Arlington Elk GROYÉ Villege II	SANS	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	2050.°°		Z-15-18
code F Exchange Club	FUNDRAISER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose;	13510		3-27-1 8
Code C KEMIX	Stickers	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	89.70		3-26-18
TOTAL OF ALL PAC	SUBTOTAL THIS PAGE SES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 963.05		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional

FILE NUMBER					
Page		 .			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Richard Gramarossa 8444 N 500 E		3050,00	1-26-18 Thur 4-3-18	305000	3020°00
Polling Pr IN'46371		LOAN	456		
Richard Gramarossa 8444 N 500 E Rolling Pr IN 46371		2523,10		2523.10	5573,10
Rolling PC IN 4637/		LOAN			
LEIDER'S OCCUPATION			_		
LENDERS OCCUPATION					
					·
LEINGERS COSCIPATION					
RICHAPOOCE SOCIETY		-			
,	,				
LEIDER & CICUPATION			11 7110 7105	OF SCHEDULE D	s 557310
	TOTAL OF AL	L PAGES OF SCHEDU	LE D ON THE L		s





State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

Indiana Election Division (IC 3-9-5-14)

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

OF

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new				
Committee to Giver Convie Grange		nittee Telephone N	lumbor	
2. Acronym or Abbreviated Name (if any)	3. Comin	nittee Telephone N 7) 229 –		
A Native Address (Address where all assessment figures are assessment)	Charle is the	s is a new address		
4. Mailing Address (Address where all campaign finance correspondence is received.)	CHECK II UII	s is a new address	·	
5. City, State, ZIP Code	6. Party	Affiliation (if applic		
Kolling Pr IN 4637/		Kenubi	1092	
CANDIDATE INFORMATION (For Candidate's C	Committe	es Oniy)		
7. Fult Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independent Candidate		
(ousvelo (louvie) (ramgrossa		KEDUBIA	TW.	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Coui	nty of Residence	. •	
LAPORTE LOURTY CAMMISSIONER		LAporte		
TYPE OF REPORT			ENTION CANDIDATES ONLY	
11. Check one:		Check		
Pre-Primary Pre-Election Annual Nomination Other			e-Convention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Orga	nization.)	ost-Convention	
12. Reporting Period (mm/dd/yy): From: 10-19-18 Through: 12-31-18	3	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		12,858.	(8)	
14. Cash on hand and investments January 1, current year.	•	,		
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		9,089.4	1 50,167.71	
15b. Unitemized		0		
	TOTAL	9089.4		
70.7100 11.00 (10.01)	TOTAL	21,947.7	7 21,947.79	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		21,941-1	7	
17b. Unitemized		0		
	BTOTAL	21,947.7	7	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	-0	
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)				
CERTIFICATION			1 FOLE OFFICE PARTY SAFETY	
I CERTIFY THAT I NAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T			· SERVICE	
Signature of resource Title TRU SUPER	Da	te (mm/dd/yy)	JAN 1 6 2019	
Signature of Candidate (if applicable)		te (mm/dd/yy)		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura	//C 3-9-4-5) /	A person who knowing	K OF LA PORTE CIRCUIT COURT	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	1-4-16, IC 3-9-	4-17, IC 3-9-4-18)	COURT CIRCUIT COURT	



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. FundRaker	Contributions: Direct In-Kind (describe)	\$ 600	:	10-23-18
Contributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (specify)			
2 Richard E. Conne argmarossa 8444 N 500 E	Contributions: Direct In-Kind (describe)	#13000		11-2-18
Reveling Pr TN 4637 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
3. Richard & Convie aramgrossa BUHY N 500 E ROLLING PT EN 4631	Contributions: Direct In-Kind (describe)	\$2400.		11-5-18.
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
* RON Schafer 1566 Blacier Bend LAJOSHE IN 46350	Contributions: Direct in-Kind (describe)	# 2000 ·		11-5-18
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			·
Probosod Oramar Ossa	Contributions: Direct In-Kind (describe)	\$1089.61		11-5-18
gennog Pr 2/V	Other Receipts; Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	5000011		
TOTAL OF ALL PAGES OF SCHEDULE		\$9,089.61 \$9.089.61		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (min/dd/yy)
CODE H WEFM		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$160.		- ₁₀₋₂₀₋₁₈
COST WEDE		Direct thr-Kind Peyment of Debt Returned Contribution Other Purpose:	^A 259.40		10-25-18
MARKIT Red		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	# 1 <i>19,918</i> 3	ર	11-5-18
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			dh e
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			ال د رسی الله
Code	. •	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			·
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$21,947,79		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			S		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional

FILE NUMBER				
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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT ,	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
RICHARD GRAMATOSSA 8444 N 500 E		15,573.10 From LAST	JAN 1,18 THUT 10-19-18	: .	15573.10
EXLING A 1637/ LENDERS COCLIPATION DIGHAS & Bramasossa 8444 N 500 E		Period \$2400,00	11-5-18	é	17,973.10
POLLING Pr 46371 LEHERS OCCUPATION PULLAND GRAMASOSCA		2000.00_			Н
BYM N 506 PULLING PT 46731 LEHDERS OCCUPATION		LOUS	11-2-18	2	20,97310
Buhard Gramarossa BUYY N 500 E Rowing Dr 41057/		1089.61.	11-5-18	À	# 22,012.71
LENDERS OCCUPATION:		2010		•	
LEIDERS GCOUPARION.					,
CARROLLE WALLEY		-	·		
FERSION COCCUPATION					
SENDERS COUPLANCE.	TOTAL OF AL	SUBTOT		OF SCHEDULE D	