

State Form 4606 (R15 / 5-19) 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? The Yes No

(CFA-4) Summary Sheet

COMMITTEE INFORMA	TION		
1. Full Name of Committee (as on Statement of Organization) Check if this is			
- Freings of Coming Grania porce	a new name.		
2. Acronym or Abbreviated Name (if any)	3. Co	ommittee Telephone Nu	ımber
	į,		7326
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	1320
5. City, State, ZVP Code	6 Pa	rty Affiliation (if applica	
Michigan City 116360	J. Fa	PEAN 104	
Z Full Name of Condidate (Included	ite's Commit	tees Only)	<u> </u>
Traine of Candidate (Include any nickname.)		rty Affiliation or If Indep	
CONNIE Gramarossa	l l	REpublican	endent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee	10. Co	ounty of Residence	<u> </u>
EMPORTE COUNTY COUNCIL AT LANGE		LATORTE	
TYPE OF REPORT			NTION CANDIDATES ONLY
11. Check one:		Check o	
Pre-Primary Pre-Election Annual Nomination Other		آ حے ا	Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days and	mend Statement of O	rganization.) Posi	t-Convention
z. Reporting Period (mm/dd/yy):			
om: JAN 1,21 Through: DEC 31,21	•	COLUMN A This Period	COLUMN B
3. Cash on hand and investments at the beginning of this reporting period		1/100	Year to Date
Cash on hand and investments January 1, current year.		10,10	
CONTRIBUTIONS AND RECEIPTS			10
Note: these amounts include in-kind contributions and loans, as well as cash contributions	·) .		
Sa. Remized (Use Schedule A.)		0	
5b. Unitemized		0	
5c. Add lines 15a and 15b in both columns.	SUBTOTAL	2	0
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	10,-	
EXPENDITURES		707	10-
Note: These amounts include in-kind expenditures and loan repayments.)	<u> </u>		
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	 		
7b. Unitemized		<u> </u>	
7c. Add lines 17a and 17b in both columns.	SUBTOTAL	0	+
3. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	i.) TOTAL		
Debts OWED BY the committee (Use Schedule D.)	-y IOIAL	10-	0
D. Debts OWED TO the committee (Use Schedule E.)	··	1250	<u></u>
ERTIFY THAT LIMAVE EXAMINED THIS STATEMENT TO THE			F 19 POETHER WEST ONLY
GERTIFY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF I	T IS TRUE, CORF	RECT AND COMPLETE.	IN CITIAGRAPH OUT
- Colon Manager Tracerco	D	ate (mm/dd/yy)	
nature of Pandidate (if applicable)		1-15-62	JAN 19 2022
•		ate (mm/dd/yy)	
ARNING: Any information contained in this report may not be copied for sale or used for any commercial purs a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a committee.	pose. (IC 3-9-4-5)	A person who knowledge	Lleanu Stevens
s a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or a mpaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (III	ocurate report as	required by the Indianac	ERK OF LA PORTE CIRCUIT COL



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

'NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For ssistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No	TOTAL	L PAGES IN E	NTIRE CFA-4 REPORT
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new			
2. Acronym or Abbreviated Name (if any)			1
(ii ariy)	3. Committee	Telephone Numb	
4. Malling Address (Address where all campaign finance correspondence is received.)	(219)		26
5. City, State, ZIP Code	Check if this is a i	new address."	
Michigan City IN 46360	1 2/	ion (if applicable)	
CANDIDATE INFORMATION (For Candidate's C	Committees Ou	110171144	/ <u>/</u>
of Candidate (Incipos any nickname.)			
CONNIE GRAMAROSSA		on or if Independent	lent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of F		
LAPOLIE COUNTY Commissioner		APORTE	•
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		- A-	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Ornanization 1	Post-C	onvention
12. Reporting Period (mm/dd/yy):			NIVE INION
m: JAN 1,22 Through: Apel 18,22		COLUMN A This Period	COLUMN B
13. Cash on hand and investments at the beginning of this reporting period			Year to Date
14. Cash on hand and investments January 1, current year.		100	
CONTRIBUTIONS AND RECEIPTS			10.
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
13a. itelfilized (Use Schedule A.)	1 2	80,00	
15b. Unitemized	- DC	.00,00	
15c. Add lines 15a and 15b in both columns.	OTAL 82	9000	
15. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 87	(CC)	72.6
EXPENDITURES	OIAL 80	-80.00	8290.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized		55.38	2155.38
17c. Add lines 17a and 17b in both columns.	TOTAL 7		
18. Cash on hand and investments at close of this reporting period (Subtract 47. (a. 46.1.4.)		55.38	2155.38
19. Debts OWED BY the committee (Use Schedule D.)	TOTAL /0/	24.62	6134.62
20. Debts OWED TO the committee (Use Schedule E.)		50,-	
Continued (Osc Galleddie E.)		Ô	
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT LAAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORRECT AND	COMPLETE	T OX STORES
	Date/mm/	(ddyy) E	IN CLERKS ON 2012
ature of candidate (if applicable)	HDR.	1/17,22 2	
	Dale (mm/		APRIL'S Par
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If it is a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who talk to file a commits a	The Contract	11/00/00	APR 18 accompany
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class 8 misdemeanor. (IC 3-14-1-14) and may be subject to ability and the commits a Class 8 misdemeanor.	report as required t	who knowingly \ by the Indiana \	APRIL 51 and 3 three STEELER
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)	LA POKIE
•		\	CLERY



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	1	

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
Brehard Gramarussa BUYY N SOOF Rolling Pr IN 16371	Contributions: Direct In-Kind (describe)	2500.	2500-	3/8/22
Contributor's Occupation (if required)	Other Receipts: Interest Loen Miscellaneous (specify)			Treasurer
FOR APRILIBATE	Contributions: Direct In-Kind (describe)	960	200	MARRAH
TicksTSALS Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (spediy)	920- 200- 2080.	2001	Treasurer
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	,		
4.	Contributions: Direct tn-Kind (describe)			
Contributor's Occupation (# required)	Other Recelpts: Interest Loan Miscellaneous (specify)		F	I I D D V CLERKS OFFICE
5.	Contributions: Direct In-Kind (describe)			APR 1 8 2022 LLAGOU STATES ERK OF LA PORTE CIRCUIT C
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	,	<u>_</u> q	ERK OF LAT
	HIS PAGE OF SCHEDULE A	\$ 4580a		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



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	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT ,	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZiP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Eighard Gramarossa Byyy N 500 E Rolling Pr IN 16371		1250 LOAN	-10-1C	1250	1250-
Rolling Pr IN 46371		LOAN			
LENDER'S OCCUPATION:					
		,			
LEHRER'S OCCUPATION					
TELEVISION NAME OF THE PROPERTY OF THE PROPERT					
LEXIDER'S OCCUPATION.					
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			·		
LENDERS OCCUPATION					
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LENGER'S OCCUPATION		ļ			_ "
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LENDER'S COCUPATION.		\	Γ.	1 8 2022	\ \
LEIDER'S COCCUPATION.		/	HPA /	1 0	
		V	\	- Junes	COURT
			1	LA PORTE CIRCO	
			CLERKO	LACOUL STORM	
LEIDERS OCCUPATION		CHETATAL		F SCHEDULE D	
					\$
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on IT			\$



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

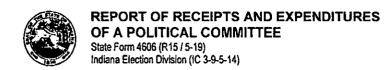
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

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 15g 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, rebetes, 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	1	_ of _	1		

CONTRIBUTOR'S FULL NAME AND 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
1 400 S LLC P.O BOX 8587 Michigan Orty IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	3500-	3500-	Z/18/ZZ
PRAMID EQUIPMENT 211 S PRAIRIEST PO BOX 127	Contributions: Direct in-Kind (describe)	200;	Z00-	3/31/22
Kolling Pr. IN6371	Other Receipts: Interest Loan Miscellaneous (specify)			Treasures
3.	Contributions: Direct In-Kind (describe)			
:	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)		÷	
	Other Receipts: Interest Loan Miscellaneous (specify)	F	I E D IERKS OFFICE	7
5.	Contributions: Otrect In-Kind (describe)	1 1	2022	\ \
	Other Receipts: Interest Loan Miscellaneous (specify):	CLER	LLADU STAN LLADU STAN OF LA PORTE CIRC	JIT COUK
<u></u>	THIS PAGE OF SCHEDULE A	\$3100.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

JTRUCTIONS: 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	NUME	BER	
Page _		of _		

				•
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
1. COMMITTEE TO ELECT BOHALEK SENATE 220 POKALON DE MICHAAN CHIN VISLO	Contributions: Direct In-Kind (describe)	150-	150-	3-21-22
Michigan City IN Y6360	Other Receipts: Interest Loan Miscellaneous (specify)			TRASURER
2.	Contributions: Direct In-Kind (describe)			
1	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)			
	Other Receipts: Interest Loan Miscellaneous (specify)	F	I L E	D
5.	Contributions: Direct In-Kind (describe)		APR 18 20	22 \
1	Other Receipts: Interest Loan Miscellaneous (specify)		Leadu O	RCUIT COURT
CIPTOTAL	THIS PAGE OF SCHEDULE A	c		
TOTAL OF ALL PAGES OF SCHEDULE		\$	-	
(Line) total on the	or the Summary Sneet.)	4,		



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 essistance 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 _				

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)
Code G Pichard Cramarosser 8444 N 500 E Bolling Pr IN 46371	Advertising VISTA DENT	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	102.71	10271	3/7/22
Code A Piohard Gramarossa 8444 N 500 E Rolling Pr IN 46371	Advertising VISTA PRINT	Direct - Tin-Kind Payment of Debl Returned Contribution Other Purpose:	<i>236.14</i>	<i>33</i> 885	3/9/22
Code 64 Ziehard Gramarossa BYUY N 500 E Rolling Pr IN 46371	Advertising VISTA PRINT	Direct Rollin-Kind Payment of Debt Returned Contribution Other Purpose:	59,10	397.95	3/9/22
Code A W. I.M. S W. I.M. S W. S. M. S W. J.M. S W.	Radio AD	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	660.	640,92	3/17/22
Code LOSdON FOOD UYZI Franklin ST Michigan Cite UUZLO	Fundraiser Combined RECEIPTS	Colorect In-Kind Payment of Debt Returned Contribution Other Purpose:	655.87	(66 87	MALCH 2022
Code		Direct h-Kind Payment of Debt Returned Contribution Other Purpose:	FIN	LERKS OFFIC	D E
Code	ſ	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CUE	APR 9 20 APR 18 OF LA PORTE C	DURNS COURT
	SUBTOTAL THIS PAGE	E OF SCHEDULE B	214338	2,4,5	
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY e Summary Sheet.)	215538	1.	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

410-22-27

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Lleann Streets

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			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new n	name		
2. Acronym or Abbreviated Name (if any)	3. Comn	nittee Telephone Numb	1
4. Mailing Address (address where all campaign finance correspondence is received)	<u> </u>	is a new address	·up
335 LAKE HILL RD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E City State 7ID Code	6. Party	Affiliation (if applicable	p)
Michigan City IN 46360		KEDUPLIAN	
CANDIDATE INFORMATION (For Candidate's Co	ommitte	es Only)	
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Indepen	ident Candidate
Convie Gramarossa		KEDUB! ON	,
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		nty of Residence	,
LAPORTE COUNTY COMMISSIONET		LA Port	
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY
11. Check one:		Check one	
Pre-Primary Pre-Election Annual Nomination Other	·		Convention
Final/Disbands Committee (lines 18, 19, and 20 must be *0") Utgoing Treasurer (within 10 days amend Statement of	f Organization)	Post-	Convention
12. Reporting Period:		COLUMN A	COLUMN B
From: 14pRil 19,22 Through: OT-21-22		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		6134.62	
14. Cash on hand and investments January 1, current year.			Z
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		71/0/-0-	71/1/0
15a. itemized (use Schedule A) 15b. Unitemized		24,060,-	24,060,-
	OTAL	701011127-	20 101/12
	TOTAL	30,194.62	30 1194 WZ
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	IOIAL	20,111.00	20,179.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		21,726,41	
17b. Unitemized		(2	
17c. Add lines 17a and 17b in both columns SUB	TOTAL	21,724.41	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	8468.22	
19. Debts OWED BY the committee (use Schedule D)		14.600-	
20. Debts OWED TO the committee (use Schedule E)		0	
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	TRUE, CORF	RECT AND COMPLETE.	FILES
Signature of Treasurer Title Treasurer			FIN CLERKS OFFICE
Signature of Candidate (if applicable)	0	Date	OCT O OFFICE
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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-8)	ate report as	s required by the intliana	OCT 2 1 2022



State Form 4606 (R13/11-05) Indiana Election Commission (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		

			Page _	of_	
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ribbard Aramsossa 8444 N 500 E		500	5-20-22	500	500-
Rolling Dr IN 16371		LOAN		<i>J.C.</i>	
Richard Aramarossa 8444 N 500 E		5000	6-21-22	550	5500
ENDERS OCCUPATION: 4637/		LOAN			
Pichard Oromgrossa 8444 N 500 E		2500	9-13-22	g000	8000
ROYLING PT 46371		LOAN	<u>.</u>		,
Richard Gramavossa 8444 N 500 E		500:-	8-11-22	13,000	13,000,-
Rolling Pr 41627 1		LOAN		ropus,	1 3,000.
Richard Gramgrocca		/000,-	106-22	14,000	/// 000-
Rolling DI 46571		LOAM		12,000	14,000-
Richard Gramarossa BULLY N 500 E Rolling Dr		650.	16-13-22	4.4.	
VG77V43 V/637 /		LOAN	107722	14,650	14,650-
			-		
NDER'S CCCUPATION:					}
		SUBTOTAL	THIS PAGE OF	SCHEDULE D	\$ 14.10
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 14,650. \$14,650.



State Form 4606 (R15 / 5-19) 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 repeyments, 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 1				

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
Mitchell Folkes 1328 LAKESIDE ST LAKESIDE ST	Contributions: Direct In-Kind (describe)	300	B00	7-21-22
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			TIE
2 Riet Gramarossa gyy N 500 E Rolling Pr IN 4677	Contributions: Direct In-Kind (describe)	500	13,000	8-11-22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			TTE
3. WIN ZED	Contributions: Direct In-Kind (describe)	940	960.	8-31-22
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify) Win Ren			NE
FRANCIS ANGLOMBE P.O BOX 349 Michigan City IN	Contributions: Direct In-Kind (describe)	500	500	917-22
ψ	Other Receipts: Interest Loan Miscellaneous (specify)			TRE
S. Rich Grangrossa Suyu N 500 E Rolling Pr IN UN11	Contributions: Direct In-Kind (describe)	1,000 -	14,000	10-6-22
Contributor's Occupation (# required)	Other Receipts: / Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 7,7100-		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$21,210,-		



State Form 4606 (R15 / 5-19) 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 _	3	of	3]

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
DLZ INDIANA, LLC 2211 E. JEFFERSON BLUD SOUTH BEND, IN 46615	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	1,000	1,000	10-6-22
2. RONALD SCHAFER 1566 E BLARIER BND LAPORTE IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	500:-	500	10-6-22
3. 463 CWB	Contributions: Direct In-Kind (describe) Other Receipts:	B00	80e	10/6/22
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			
* Rich Gramarossa 8444 N 500 E	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	650.	14,65000	10-13-22
Contributor's Occupation (if required)				
5 AME CONSULTING 1516 MICHIGAN AVE LARGERE IN 4650	Contributions: Direct In-Kind (describe)	<i><</i> 00-		10-14-22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		.	
SUBTOTAL *	THIS PAGE OF SCHEDULE A	\$ 2800,-		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$24,060-		



State Form 4606 (R15 / 5-19) 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 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). 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 NUMBE	R
Page	of	

				·
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
Piet Gramarosca 8444 N 500 E Rolling Pr In 46371	Contributions: Direct In-Kind (describe) Other Receipts:	500 . -	\$0	5/20/22
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)		,	TIE
2 Lieh Bramarosga 8444 N 500 E Rolling Pr IN 16571	Contributions: Direct In-Kind (describe)	<i>900.</i> -	<i>5500-</i>	6-21-22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			TrE
Righ Bramgrossay SHWN 500 E Rolling Pr IN	Contributions: Direct In-Kind (describe) Other Receipts:	7500	<i>80</i> 00;-	943-22
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			Tie
Tim Staborz- 1501 MICHGAN ME LA PORTE IN	Contributions: Direct In-Kind (describe)	5000-	4000	5-17-22
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			Tre
Mitchell Kelkes 1328 LAKKESINE ST	Contributions: Direct In-Kind (describe)	5 0	500.	5-14-22
LAPARTE IN 44350. Contributor's Occupation (ii required)	Other Receipts: Interest Loan Miscellaneous (specify)	-		Tra
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ /3,50ga-		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 13501		



State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

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 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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Page _	/ of /		

·					
ECIPIENT'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)
UNITED STATE BSTAL SERVICE	RADIO ADS	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	1167.49	1167.49	4-26-22
WLOI AM Spoon River MEDIA LLE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	720		4-26-22
OLD A WIMS OF RARD MEDIA WESTE 1675 N MICHIGAN CITY IN WALL	1 HOUR SHOW	Direct In-Kind Payment of Oebt Raturned Contribution Other Purpose:	350.		y of a
MIDNIGAN CITY ON YEAR COOR A VIEL Media P.O BOX 53 LARROSS IN 46348	NEWPAPOY AD	Orrect In-Kind Payment of Debt Returned Contribution Other Purpose:	86211		3-7-2
CodeUNITED STATES POSTAL SERVICE	<i>λοεωγημ</i> :	Direct In-Kind Payment of Debl Returned Contribution Other Purpose;	600-		9-14-
HORIZON BAN 5 Mc. OF SERVIBE	k ana	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50-		App. 1 Tall
Code Office MAK MICHIGAN City		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	380.08		9-13-2
		PACE OF SCHEDULE	B si/170 W	8	
TOTAL OF ALL	SUBTOTAL THIS I PAGES OF SCHEDULE B ON (Enter total on ITEM 17a	PAGE OF SCHEDULE THE LAST PAGE ONL of the Summary Sheet	Y		
	(Enter total on 112W 114	or the Summary Street	<u>"/ </u>		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER
·
Page of /

				Page/_	of /
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question					
Type of Question: Statewide	Local				
Position: Supported Oppose					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		Direct In-Kind		- ' ' '	
UNITED STATES		Payment of Debt Returned Contribution	210	1527.49	11-1212
UNITED STATES POSTAL SERVICE MICHIGAN DITY		Other	<i>,</i>	7521.71	N N 22
PHILIPHIO STIT		i diposo.			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		Direct In-Kind			· · · · · · · · ·
		Payment of Debt Returned Contribution			
		Other			
		r dipose.			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other			
				,	
Code		Direct In-Kind Payment of Debt			
		Returned Contribution			<u>.</u>
		Other Purpose:			·
		☐ Direct ☐ In-Kind	<u>.</u>		
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			ļ
<u> </u>	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 360,-		
TOTAL OF ALL PAGE	S OF SCHEDULE C ON THE	E LAST PAGE ONLY			
	(Enter total on ITEM 17a of t	the Summary Sheet)	21,726.41		



State Form 4606 (R15 / 5-19) 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

(CFA-4) Summary Sheet

FILE NUMBER

40 -22-2

TOTAL PAGES IN ENTIRE CFA-4 REPORT

		L		
	COMMITTEE INFORMATION			
1. Full Name of Committee as ion Statement of Organization		ame.		
2. Acronym or Abbreviated Name (if any)		3. Committee Tele	Phone Numb	-7326
4. Mailing Address (Address where all campaign finance con	respondence is received.)	heck if this is a new	address.	·
5. City, State, ZIP Code Hichigan City IN	46360	6. Party Affiliation	(if applicable,)
CANDIDATE INF	ORMATION (For Candidate's Co	ommittees Only)		
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation	or if Indepen	dent Candidate
9. Office Sought (Include district number, if any. Not require	ed for exploratory committee.)	10. County of Resi	dence	·
TYPE OF R	REPORT		CONVENT	TION CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination C	Other		Check one	: pnyention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.)		ament of Organization 1		Convention
12. Reporting Period (mm/dd/yy):	going Treasures (Wallin ten (10) days amond oracle		_UMN A	COLUMN B
From: Throug	ıh:	This	Period	Year to Date
13. Cash on hand and investments at the beginning of this re	eporting period.			
14. Cash on hand and investments January 1, current year.				
CONTRIBUTIONS AND				
(Note: these amounts include in-kind contributions and loans	s, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	· · · · · · · · · · · · · · · · · · ·			
15b. Uniternized				
15c. Add lines 15a and 15b in both columns.		OTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c		TOTAL		
EXPENDITURE	ES			
(Note: These amounts include in-kind expenditures and loan	repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Sche	edule C.)			
17b. Unitemized	Her wy		*	
17c. Add lines 17a and 17b in both columns.		TOTAL		
18. Cash on hand and investments at close of this reporting period (S	Subtract 17c from 16 in both columns.)	TOTAL		
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>		
CER	TIFICATION	<u></u>		TFOR OFFICE LISE ONLY D
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		RUE, CORRECT AND C	OMPLÉTE.	IN CLERKS OFFICE
Signature of Treasurer	Title	Date (mm/d	1 1	3:30:pm
Signature of Candidate (if applicable)		Date (nm/d	123	JAN 1 9 2023
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p	for sale or used for any commercial purpose. erson who fails to file a complete or accura	(IC 3-9-4-5) A person wite report as required by	the Indiana I	Leave Stevers
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)	LERK OF LA PORTE CIRCUIT CO

I Seek an extention due to treasurer out of TOWN.





State Form 4606 (R15 / 5-19) 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 ff 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				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)		,	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		***		
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS BASE OF SCHEDULE A	•		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		
(Enter total on ITEM	1 15a of the Summary Sheet.)	\$		





State Form 4606 (R15 / 5-19) 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? Tyes

(CFA-4) Summary Sheet

FILE NUMBER

46-22-27

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INCORMATION			
COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if this is a new or committee (as on Statement of Organization)	name		
PRIENDS OF CONNIE Gramgrossa	ilailio.		
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Numbe	: F
	(21	9) 221-7324	0
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.	
5. City, State, ZIP Code Milhigan Atx 46360		Affiliation (if applicable) REPublian	
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independ	ent Candidate
Carrie Garagossa		2E publina	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	unty of Residence	
Lapoets County Commissioner		LAporte	
TYPE OF REPORT		CONVENTI	ON CANDIDATES ONLY
11. Check one:		Сћеск оле:	
Pre-Primary Pre-Election Annual Nomination Other		L Pre-Cor	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Org	Post-Co	onvention
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: Oct 22,22 Through: 5AN 17,23			real to Date
13. Cash on hand and investments at the beginning of this reporting period.		846B.22	Cultura = 2.
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			8468.22
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	•	10,400,-	10,400,-
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	TOTAL	10,400,-	10,400.
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	18,868.22	18.868.22
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Usé Schedule B.) (Public Question: use Schedule C.)		18,544.50	18544.50
17b. Uniternized 🙀 🐪			
17c. Add lines 17a and 17b in both columns.	TOTAL	18544.50	18,944.50
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	323,72	323.12
19. Debts OWED BY the committee (Use Schedule D.)		14,650.00	
20. Debts OWED TO the committee (Use Schedule E.)		0	র
CERTIFICATION			POR OFFICE USE ONLY
I CERTIFY THAT MAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	TRUE, COR	RECT AND COMPLETE.	, on on job out one!
Signature of Treasurer Title		Date (mm/dd/yy)	FEB 1 3 2023
Cham Transmy Treasurer		1-11-28	125
Signature of Candidate (if applicable)		Date (mm/dd/yy)	Lleane Stures
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	(IC 3-9-4-5	5) A person who knowlnaty (1)	ERK OF LA PORTE CIRCUIT CO
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura	ate report a	s 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 (R15 / 5-19) 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 totated 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	

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
1. Timothy 1. STABOSZ 1501 Michigan AVE	Contributions: Direct In-Kind (describe)	10,000-	15,000-	TEASURET 16-21-22
Laporte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			10-2720
Contributor's Occupation (if required)				10-21-22
Frances L Milo 92 Kenton Elm Dr	Contributions: Direct In-Kind (describe)	250:- -400:-	250-	TIBALUTET
LAPORTE, IN 46350	Other Recelpts: Interest Loan Miscellaneous (specify)			9-26-22
Contributor's Occupation (if required)				
RENNETH A NOSCIESTAL ROBOX 431	Contributions: Direct In-Kind (describe)	100-	100-	10-24-22
LAPORTY, IN 46352	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (# required)				
DUANE L MILLER 605 LAKESINE ST LAPORTE, IN 46250	Contributions: Direct In-Kind (describe)	50-	50-	Treasurer
LAPORTE DE 10950	Other Receipts: Interest Loan Miscellaneous (specify)		I E D	10-29-22
Contributor's Occupation (if required)		F	LERKS OFFICE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5.	Contributions: Direct tn-Kind (describe)	115.	ER 13 2023	
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (spectly)	CIERK	LLADUE CHECUT OF LA PORTE CIRCUIT	COURT
	THIS PAGE OF SCHEDULE A	1/2 1/N/		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 10,400.		



State Form 4606 (R15 / 5-19) 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						
Page	1	_ of	2			

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)
UNITED STATES PLO 1201 LINGOLNWAY LAPORTE, IN 46350	POSTOFHOE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	473,84	200133	1020-22
Code A UNITED STATES Plo 1201 LINGULWAY LAPUTTE, IN 416350	Postoffue	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	2512.67	4,514.	OK 1804
SPOON RIVER 13906 STONEMILL BY E, CARMEL IN 46032	RADIO ABS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	818	-8187 1538;-	10-29-22
MEFM Milhigan Oity IN 4/840	BADIO ADS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	340.	360	10/28/22
Code WIMS 685 E 1675 N Michigan City, IN UB360	RADIE ADS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	130	4,678	10/28/20 CK 1006
Code A HAWKINS 315 LINCULNWAY CAPORTE, IN. 46340	PRINT SHOP	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	76/899	7618.99	11-2-22 0×1021
1201 Lineaumy Laporte, IN 46350	MALLOT I I E IN CLERKS OF INC.	Other Purpose:	500:-	9,514.	11-3-22 0K 1022
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE BON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ <i>17,53</i> 9,50 \$		



State Form 4606 (R15 / 5-19) 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						
		·				
Page _	of	2				

		·		age <u> </u>	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Distin KIEL P.O. BOX 53 LARROSS IN 46348	MEDIA ADS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	<i>80</i> 0	1662,11	11-21-22 Ox 1019
Code HORIZON BANK	FE65	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	205-		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	FIN	L E CLERKS OFFIC FR 1 3 202	1 1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CLER	Luanu Othe OF LA PORTE CIRC	1 1
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$1805.		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY e Summary Sheet.)	\$ 18,5 44,50		



State Form 4606 (R13/11-05) Indiana Election Commission (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	NUMB	ER	
Page)	- F		
Page	/_	_ of _		

				1 age			
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD		
Richard Gramarossa Savy N 500 G Rolling Pr., IN 46371		14,650			14,60;		
LENDER'S OCCUPATION:		LOAN					
LENDER'S OCCUPATION							
LENDER'S OCCUPATION				•	,		
LENDER'S OCCUPATION		·					
				·			
LENDER'S OCCUPATION:			T	I E			
·			\\[.	- 1 3 207	3		
LENDER'S OCCUPATION:				Luanu Stu OF LA PORTE COM	UNS COURT		
			CIERK	OF LA PORTE			
LENDER'S OCCUPATION:					<u>.</u>		
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)							