



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

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.

FILE NUMBER
46-24-03
TOTAL PAGES IN ENTIRE CFA-4 REPORT
X 4

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Rhonda Graves		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 575-2317	
4. Mailing Address (Address where all campaign finance correspondence is received.) 4957 N Remington Sq		<input checked="" type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte, IN 46350	6. Party Affiliation (if applicable) Republican	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Rhonda L Graves	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor	10. County of Residence La Porte

TYPE OF REPORT

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	--

12. Reporting Period (mm/dd/yy): From: 01/01/24 Through: 04/12/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,800.00	
14. Cash on hand and investments January 1, current year.		2,800.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	5,250.00	5,250.00
15b. Unitemized	120.06	120.06
15c. Add lines 15a and 15b in both columns. SUBTOTAL	5,370.00	5,370.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	8,170.06	8,170.06

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,398.85	1,398.85
17b. Unitemized	40.00	40.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	1,438.85	1,438.85
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	6,731.21	6,731.45
19. Debts OWED BY the committee (Use Schedule D.)	\$1,727.44	
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

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

Signature of Treasurer <i>Rhonda Graves</i>	Title Treasurer	Date (mm/dd/yy) 04/18/24
Signature of Candidate (if applicable) <i>Rhonda Graves</i>		Date (mm/dd/yy) 04/18/24

FOR OFFICE USE ONLY
IN CLERKS OFFICE
APR 19 2024

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

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT
76 10:49 am



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER
46-24-03
TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Committee to Elect Rhonda Graves		
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (219) 575-2317
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 4957 N Remington Sq		
5. City, State, ZIP Code Laporte IN 46350		6. Party Affiliation (if applicable) Republican
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) Rhonda Graves		8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor		10. County of Residence La Porte
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 4/12/2024		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		2800.00
14. Cash on hand and investments January 1, current year.		2800.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		5475.00 5475.00
15b. Unitemized		120.06 120.06
15c. Add lines 15a and 15b in both columns. SUBTOTAL		5595.06 5595.06
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		8395.06 8395.06
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1398.85 1398.85
17b. Unitemized		265.00 265.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL		1663.85 1663.85
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		6731.21 6731.21
19. Debts OWED BY the committee (Use Schedule D.)		1727.44
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer Rhonda Graves	Title Treasurer	Date (mm/dd/yy) 4/12/2024	FILED IN CLERKS OFFICE APR 19 2024 Maureen Stevens CLERK OF LA PORTE CIRCUIT COURT
Signature of Candidate (if applicable) Rhonda Graves		Date (mm/dd/yy)	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)			



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 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	
46-24-03	
Page	2 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. S. Kosmyna Skwiat 0448 N Shebel Rd Michigan City, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$750.00	\$750.00	03/30/24 R. Graves
2. Marlee Doms 566 S Wozniak Rd La Porte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$750.00	\$750.00	03/30/24 R. Graves
3. Andrew Skwiat 566 S Wozniak Rd La Porte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$750.00	\$750.00	03/30/24 R. Graves
4. Andrew Jones 704 W Washington St South Bend, IN 46601 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$500.00	\$500.00	02/23/24 R. Graves
5. Timothy Stabosz 1501 Michigan Ave La Porte, IN 46350 Contributor's Occupation (if required) Auditor	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,500.00	\$2,500.00	03/22/24 R. Graves
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 5,250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

FILED
IN CLERKS OFFICE
APR 19 2024
\$2,500.00
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 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	
46-24-03	
Page	3 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Rhonda Graves 4957 N Remington Sq Lafayette IN 46350 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <i>advertising</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$ 200	\$ 200	02/28/2024
				R Graves
2. Rhonda Graves 4957 N Remington Sq Lafayette, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <i>advertising</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$ 25	\$ 225	03/23/2024
				R Graves
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 225 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 5475 ⁴⁰		

FILED
IN CLERKS OFFICE
APR 19 2024
Hesrou Stevens
CLERK OF LA FORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 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

46-24-03

Page 4 of 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Amazon Prime 1260 Mercer St. Seattle, WA 98109		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Stakes for signs	\$285.00	\$285.00	02/18/24
Code <u>A</u> CK Design 3382 E State Rd 4 La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: t-shirts	\$359.52	\$359.52	03/08/24
Code <u>A</u> Vista Print 100 Hayden Ave Lexington, MA 02421		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Rack Cards	\$754.33	\$754.33	03/24/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,389.85		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1,389.85		

FILED
IN CLERKS OFFICE

APR 19 2024
Maoru Stevens
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 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

46-24-03

Page

5

of

5

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <small>(if any)</small> <small>(street, number, city, state, ZIP code)</small>	AMOUNT	DATE DEBT INCURRED <small>(mm/dd/yy)</small>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Rhonda Graves 4957 N Remington Sq LaPorte IN 46350 <small>LENDER'S OCCUPATION: Chief Deputy Auditor</small>		\$1042.40 election signs	11/27/ 23		\$1042.40
Rhonda Graves 4957 N Remington Sq LaPorte IN 46350 <small>LENDER'S OCCUPATION: Chief Deputy Auditor</small>		\$685.04 election signs	11/29/23		\$685.04
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1727.44
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <small>(Enter total on ITEM 19 of the Summary Sheet.)</small>					\$ 1727.44

FILED
IN CLERKS OFFICE
APR 19 2024
L. Leason Stevens
CLERK OF LA PORTE CIRCUIT COURT