REPORT OF RECEIPTS OF A POLITICAL COMM State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)	15	:S	. 1	S	(CFA Summary	Sheet
ISTRUCTIONS: Please type or print legibly IN BLACH ssistance in completing this form, see instructions on t		or			46-24-	
				OTAL PA		RE CFA-4 REPORT
S THIS AN AMENDMENT? [] Ye	es 🗹 No	e	. L		×	4
	COMMITTEE INFO	RMATION				
. Full Name of Committee (as on Statement of Org Committee to Elect Rhonda Graves	genization) 🔲 Check if	this is a new n	eme.		1	
Acronym or Abbreviated Name (if any)	•				hone Number	
Mailing Address (Address where all campaign fin	in manip	a 12 10		9) 575 is is a new a		
Mailing Address (Address where all campaign nin 957 N Remington Sq	ance correspondence is received				8001855.	
City, State, ZIP Code	:	. .	6. Party Reput	-	if applicable)	
	TE INFORMATION (For Ca	ndidate's C				
Full Name of Candidate (Include any nickname.) Rhonda L Graves		•		Affiliation	or if Independen	t Candidate
Office Sought (Include district number, if any. No county Auditor	t required for exploratory com	mittee.)	10. Cou La Po	inty of Resi inte	dence	
TYP	PE OF REPORT				CONVENTIO	N CANDIDATES ONLY
I. Check one: Pre-Primary Pre-Election Annual Nomina					Check one:	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0"	U Outgoing Treasurer (Within ten (10	0) days amend Stat	ement of Orga		Post-Con	vention
2. Reparting Period (<i>mm/dd/yy</i>): _{rom:} 01/01/24	Through: 04/12/24				UMN A	COLUMN B Year to Date
3. Cash on hand and investments at the beginning					2,800.00	0.000.00
4. Cash on hand and investments January 1, curro	ent year.	· .				2,800.0
Note: these amounts include in-kind contributions		ibutions.)	-			
5a. Itemized (Use Schedule A.)					5,250.00	5,250.0
5b. Unitemized			~		120.06	120.0
5c. Add lines 15a and 15b in both columns.		•	TOTAL		5,370.00	5,370.0
6. Add lines 13 and 15c in Column A and lines 14			TOTAL		8,170.06	8,170.0
	IDITURES					
Note: These amounts include in-kind expenditures				<u> </u>	1,398.85	1,398.8
7a. Itemized (Use Schedule B.) (Public Question: 7b. Unitemized					40.00	40.0
7c. Add lines 17a and 17b in both columns.		SUB	TOTAL	· 	1,438.85	1,438.8
8. Cash on hand and investments at close of this reportin	a period /Subtract 17c from 16 in bot		TOTAL	(5731. a)	6,731.15	6,731 21 6,731.4
9. Debts OWED BY the committee (Use Schedule		•		\$172-		
0. Debts OWED TO the committee (Use Schedule		•	<u> </u>	- 1 /2	·· · 1	
O, DEDIS OWED TO THE DOMINANCE (COD CONCOUNT						
	CERTIFICATION					OF OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO ignature of Treasurer	Title . Treasurer	D BELIEF 11 13 1		Date (mm/d 04/18	<i>a/yy</i>	
ignature of Candidate (If applicable)	· · · · · · · · · · · · · · · · · · ·			Date (mm/d 04/18	3/24	APR 1 9 2024
ARNING: Any information contained in this report may not						Hesone Stevers

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	REPORT OF RECEIPTS	AND EXPENDITURES	* *	(CFA	-A)
	OF A POLITICAL COMM			•	•
	State Form 4606 (R17 / 8-23)			Summary	
	Indiana Election Division (IC 3-9-5-14)		P	FILE NU	
	DNS: Please type or print legibly IN BLACK completing this form, see instructions on the			46-24-0	
· · ·	N		[TOTAL PAGES IN ENT	IRE CFA-4 REPORT
IS THIS	AN AMENDMENT? 💓 Ye	s 🔲 No		5	
	·	COMMITTEE INFORMA	TION		
1. Full Name	e of Committee (as on Statement of Orga				
\sim	nmittee to Eler		raves		
2. Acronym	or Abbreviated Name (if any)	Hel *	_	mittee Telephone Number	· · · ·
		•		19,575.231	-
4. Mailing Ai	ddress (Address where all campaign fina 7 N Remmator	ance correspondence is received.) S_{Ω}	Check if th	iis is a new address.	
5. Çity, Stati	e, ZIP Code		6.,Party	Affiliation (if applicable)	\$ P 7
Lafi	orte IN 4635	50		oublican	
		TE INFORMATION (For Candid			
7. Full Name	e of Candidate (Include any nickname.)		8. Part	Affiliation or If Independer	ut Candidate
	inda Graves			publican	· · · · · · · · · · · · · · · · · · ·
~	ught (Include district number, if any. Not M H H di + o Y	required for exploratory committe	e.) 10.00	Introf Residence	:
$-\omega \omega$		E OF REPORT	C-N		N CANDIDATES ONLY
11. Check o				Check one:	
_	ry 🕅 Pre-Election 🔲 Annual 🔲 Nominati	on Dither		Pre-Conv	vention
Final / Dis	- bands Committee (Lines 18, 19, and 20 must be "0".)	Outgoing Treasurer (Within ten (10) days a	amend Statement of Org	anization.) Dest-Con	vention
12. Reportin	g Period (mm/dd/yy):			COLUMN A	COLUMN B
From: 0		Through: 4/12/2024		This Period	Year to Date
13. Cash on	hand and investments at the beginning		1	2800.00	
14. Cash on	hand and investments January 1, current				2800.00
		S AND RECEIPTS	1	!	
	e amounts include in-kind contributions a	nd loans, as well as cash contribution	15.)	cular and	
15a. Itemize 15b. Unitem	ed (Use Schedule A.)			5475.00	5475.00
	es 15a and 15b in both columns.		SUBTOTAL	5595,06	559 5.06
	s 13 and 15c in Column A and lines 14 a	nd 15c in Column B.	TOTAL	8395.04	8395.06
		DITURES		0343.04	
(Note: Thes	e amounts include in-kind expenditures a				
-	d (Use Schedule B.) (Public Question: u			1398.25	1338.85
17b. Unitem	vized '			265.001	1205.001
17c. Add lin	es 17a and 17b in both columns.	• • • • • • •	SUBTOTAL	1443.85	11063.85
18. Cash on h	and and investments at close of this reporting	period (Subtract 17c from 16 in both colum	nnis.) TOTAL	6731.21	6731.21
19. Debts O	WED BY the committee (Use Schedule	D.)	,	1727.44	
20. Debts O	WED TO the committee (Use Schedule	E.)			
		CERTIFICATION	=	f	OR OFFICE USE ONLY
CERTIFY TH	AT I HAVE EXAMINED THIS STATEMENT. TO		EF IT IS TRUE, COR	DEAT AND COMPLETE	E D
Signature of	f Treasurer	Title	[I	Date (mm/dd/yy)	RKS OFFICE
	orda naves	Treasurer		F	1
	1 Candidate (if applicable)	•	1	Date (mm/dd/yy) i	1 9 2024
WARNING: A	ny information confinined in this report may not b	e copied for sale or used for any commercial	purpose. (IC 3-9-4-	5) A person who knowingly PF	
files a fraudul	ent report commits a Level 6 felony. (IC 3-14-1 ance Law commits a Class B misdemeanor, (IC 3	(-13) A person who fails to file a complete	or accurate report a	is required by the Indiana	Stural
Campaign Pin	once Law Columns a Class o misdemeanor, (/C 3		<u>, 10 0-0-4-10, 10 0</u>		LAON OTHONS IN PORTE CIRCUIT COURT
	· •		•	CIERK OF	
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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 <u>totaled on ITEM 15a</u> 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's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER							
4 6- 24-03							
Page _	2	of	5				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	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) 1. S. Kosmyna Skwiat	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BI
0448 N Shebel Rd	Direct			
Michigan City, IN 46360	In-Kind (describe)			03/30/24
	Other Receipts:	\$750.00	\$750.00	
	Interest Loan	.*	•	
	Miscellaneous (specify)			R. Graves
Contributor's Occupation (# required)				
2 Martee Doms	Contributions:			
566 S Wozniak Rd	Direct			
La Porte, IN 46350	In-Kind (describe)		,	03/30/24
	Other Receipts:	\$750.00	\$750.00	
	Interest 🗌 Loan			
	Miscellaneous (specify)			R. Graves
Centributor's Occupation (# required)	i			
3. Andrew Skwiat	Contributions:			
566 S Wozniak Rd	Direct			02/20/24
La Porte, IN 46350	In-Kind (describe)			03/30/24
	Other Receipts:	\$750.00	\$750.00	
	Miscellaneous (specify)			R. Graves
Centributor's Occupation (if required)				
4. Andrew Jones	Contributions: Direct			
704 W Washington St	In-Kind (describe)			02/23/24
South Bend, IN 46601				
	Other Receipts:	\$500.00	\$500.00	
	Interest Loan			Π
	Miscellaneous (specify)		JA ELCE	R. Graves
Cardelinde de Deservedier d'environt		I BULLER	LA E D IS OFFICE	\ \
contributor's Occupation (if required)	Contributions:	I INC	F	
1501 Michigan Ave	Direct		1 9 2024	
La Porte, IN 46350	in-Kind (describe)	APR		03/22/24
				1 1
	Other Receipts:	\$2,500.00	A 7582 STU (ACOU A POINTE CIRCUMOUN	1
· .	Interest Loan	L	A PORTE CIRCUM	
1	Miscellaneous (specify)	CIERO ST		R. Graves
Contributor's Occupation (if required) Auditor				
	THIS PAGE OF SCHEDULE A	\$ 5,250.00		
TOTAL OF ALL PAGES OF SCHEDULE				
	15a of the Summary Sheet.)	\$ 1 <u></u>		

REPORT OF RECEIPTS AND EXPENDITURES

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 <u>ITEM 15a</u> 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						
4	46-24-03						
Page_	3	of	ي	•			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code) , Rhonda Graves 4957 N Remington 58 Laforte IN 46350 Contributor's Occupation (il required)	Miscellaneous (specify)		\$200	12/28/2024 Regraines
² Rhonda Graves 4957 N Reministron Sg Labortt, IN 46350 Contributor's Occupation ((required)	Contributions: Direct Contributions: Control (describe) Control Sing Other Receipts: Interest Loan Miscellaneous (specify)	\$ 25	\$ 225	03/23/2624 Ronanes
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) . Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	F	I L E	Þ]
5. Contributor's Occupation (If regulard)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		APR 19 2024	1 1 1
	THIS PAGE OF SCHEDULE A	\$ 225 00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 5475.00		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

Indiana 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 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.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER							
	46-	24-0:	3				
Page _	Ľ	of	5,				

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	• and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code A Amazon Prime 1260 Mercer St. Seattle, WA 98109		Direct In-Kind Payment of Debt Returned Contribution 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		Direct In-Kind Payment of Debl Returned Contribution Other Purpose: t-Shirts	\$359.52	\$359.52	03/08/24
Code A Vista Print 100 Hayden Ave Lexington, MA 02421		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Rack Cards	\$754.33	\$754.33	03/24/24
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:	E IN	I L E CLERKS OFFI	D CE
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:		PR 1 9 202 Leaone Stree DE LA PORTE CIRCUI	
TOTAL OF ALL P	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$ 1,389.85 \$ 1,389.85		

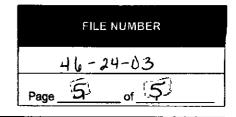


REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

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.



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
Rhanda Graves 4957 N Remington Sg		¢1042.40	11/27/ 23		\$1042.40
LaPorte IN 46350		election			
LENDERS OCCUPATION Chief Deputy Addit	an an	signs			
Rhondo Graves		\$685.04	129/23		\$ 685.04
4957 N Remington Sq					
4957 N Remington Sg Laforte IN 46350 LENDERS OCCUPATION: Chief Deputy Au	1-1	election			
LENDERS OCCUPATION: Chite & Deputy Hu	diter	Signs			
			-		
LENDER'S OCCUPATION					
			-		
LENDER'S OCCUPATION:					
LENDER'S QCCUPATION:					
			I L N CLERKS C	FFICE	
				1 1	
LENDER'S OCCUPATION			APR 19	2024	l
					N
		l l	L/LATTUR	CIRCUIT COURT	4
LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$ 1727.44
	TOTAL OF ALI	PAGES OF SCHEDUL (Enter total on)		ST PAGE ONLY	\$ 1727.44 \$ 1727.44
	······································				L

SUPPLEMENTAL "LARGE CONTRIBUT A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R6 / 5-10) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)	TION" REPORT BY	FILE NUN	(CFA-11)
INSTRUCTIONS: Only candidates receiving a "large contribution" and Please type or print legibly IN BLACK INK all information on this form completing this form, see instructions on the reverse side.	e required to file this report. n. For assistance in	410-24-03 TOTAL PAGES IN E REPOR	INTIRE CFA-11
IS THIS AN AMENDMENT?			
1. Full Name of Candidate (Include any nickname.) Check if this is a new Rhonda L Ginaves	v name. 2. Committee Telephone N (219) 575	-2317	
LaPorte IN	Code 5. Party Am	Nation or if independent Candids $\sim \rho w b l i C a h$	
6. Office Sought (Include district number, If any. Not required for explorato Auditor	ny commuter,	LaPorte	
8. Reporting Period (mm/dd/yy): From: 04/13/2024 Through: 05/			a shore orteredat
For classification, enter INDV for Individual; PAC for polifical action committee: CORP for CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification 1. Timothy Stabosz ISOI Michigon Ave LaPorte IN 46350	Contributions: Direct Direct OStage	\$ 2935. 23	05/03/24
Contributor's Occupation (11 oppiicable) Auditor	Other Receipts: interest is Loan Miscellaneous (specify)		Rhonda Graves
Classification 2.	Contributions: Direct In-Kind (describe)		
Contributor's Occupation (il soplicable)	Other Receipts: Interest Loan Miscellaneous (specify)		
Classification 3.	Contributions; Direct In-Kind (describe) 	,	
Contributor's Occupation (if applicable)	Interest Loan Miscellaneous (specify)		
CERTIFICATION	N BEST OF MY KNOWLEDGE AND E		FICE USE ONLY
TRUE/CORRECT AND COMPLETE.	SWER Date (mm/dd 35/ Date (mm/dd 05/ Date (mm/dd 05/ 05/ 05/ 05/ 05/ 05/ 05/ 05/	$\begin{array}{c c} W & F' \\ \hline 05/24 & IN \\ \hline 5/24 & M \\ \hline 3-9-4-5) A \\ \hline 18 te or accurate \\ I ubject to civit$	LERKS OFFICE AY - 5 2024 LOOM Others