

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

State Form 4604 (R15 / 5-19) 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	Γ? / Ye	s 🗌 No If Yes	s, please enter	the file n	umber in this bo	x. →	46-23-71
SECTION A . CANDIDA	TE INFO	RMATION: Fil	ll in all applic	able box	es as fully and	accur	ately as possible
2. Last Name	Fi	Irst Name	Middle N	ame	Nickname	accur	3. Type of Committee (Check one)
Graves	- 1	Rhonda	11.	4			Candidate's Principal Committee
	<u> </u>	nnonda		Inn			Exploratory Committee
4. Mailing Address (number and street,	-	ZIP code)		5. FAX (Opt	ional)	6. E-ma	il Address (Optional)
	iminat	on sq .		()		elec	trhondo Gravts Compast. net
7. City	State	ZIP Oode	8. County		9. Telephone (Day)		10. Telephone (Evening)
Laforte	IN	46350	LaPort	le.	(219) 5 75 - 2	317	(219 575-2317
11. Party Affiliation		1.020	12.0	Office Sought	(Include district numb	er if env	Not required for an exploratory committee.,
☐ Democratic ☐ Libertarian ᡚ Re				(Diint	V Audi-	h	
SECTION B. COMMITTE	EE INFO	RMATION: Fil	ll in all annlic	able box	es as fully and	accur	ately as nossible
13. Full Name of Committee (Do not	appreviate.)	☐ Check if this is	a new name.			u o o u r	acciy us possible.
Committee to	Fle	ct Rhon	da Gra	11/05			
Committee to	city, state, and	ZIP code)	if this is a new add	ress. 15. FA	X (Optional)	16. E-m	ail Address (Optional)
						I .	(h The
17. City	-State	Λ Sq.	18. County) 19. Telephone	TIEC	trhondagraves and net
Laforte	1	46350	I a Par			7	
	Designation Co	HU JOU	Laivi		(219) 575-3	151/	(mm/dd/yy) 12/1/2023
211 Champerson's Full Name	Jesignate Ca	andidate as Chairpers	on. L Check if t	this is a new o	chairperson.		, —
22. Mailing Address (number and street,	city, state, and	ZIP code) 🔲 Check	if this is a new add	ress. 23. FA	X (Optional)	24. E-ma	ail Address (Optional)
4957 N Remi	ng ton Ustate	SQ ZIP Code		Ι,	1	1	
1 17 4	State	ZIP Code	26. County	1,	27. Telephone (Day)		28. Telephone (Evening)
Latorte	IN	46350	LaPor t	re l	(219, 575 - 2	317	(219,575.2317
29. Bank or Other Depositories (List	all banks or	other depositories in		e deposits fun	ds holds accounts re	nte safahi	denosit hoves or maintains funds)
Horizon		•		,	,,, ,	00.019	doposit boxes of manifesting funes.)
30. Exploratory Committee (Give brief	statement exola	aining purpose of an explo	ratory committee only \	31 Salario	and Baimburaaman	An AAEU th	e committee pay the candidate a salary or
,			olory committee only.)	reimbursem	ent for lost wages? If	Yes, attaci	h a copy of the contract.) \(\square\) Yes \(\square\) No
SECTION C. APPOINTM	ENTO	TOPACHOED	(10.0.0.4.44)				
32. I, as Chairperson of	the force	TREASURER	(IC 3-9-1-14)		Pinnet	-640-	
committee, appoint the follow			inted Treasurer		Signature	of the Co	mmittee Chairperson
Treasurer of the Committee							
3. Treasurer's Full Name Des	ignate candi	date as treasurer. [Check if this is a	new treasure	ır.		
34. Mailing Address (number and street,	city, state, and	ZIP code)	if this is a new addr	ess. 35. FA)	(Optional)	36. E-ma	il Address (Optional)
				, ,	,		
37. City	State	ZIP Code	38. County		39. Telephone (Day)	-	40. Telephone (Evening)
•				[`	ou releptions (Day)		40. Telephone (Evening)
SECTION D. ACCEPTAN	ICE OF	ADDOINTMEN	T (10 0 0 4 4 5)		()
SECTION D. ACCEPTAN	ICE OF	APPOINTMEN)			
 I give notice that I accept Committee. I am not the chair 	irperson o	es anu responsii If a camnainn fin	Dilities of Freas	ourer of the	is signature of Pe	rson Ac	cepting Appointment
permitted for a candidate comm	ittee unde	r IC 3-9-1-7).		- forcebi e	" I IM	md	a Straves
SECTION E. CERTIFICA	TION OF	STATEMENT				,	FOR OFFICE USE ONLY D
We certify as the candidate a	nd the d	uly appointed Ch	nairperson of ti	he Commit	tee and that we	have	E T T ***
examined this statement. To the	best of or	ur knowledge and	belief it is true,	correct and	complete.		IN CLERKS OFFICE
2. Typed or Printed Name of Cl	nairperson	Signature of	Chairperson 🚶	/	Date (mm/dd/yy)		
Rhonda Gra	1125	1 1 Dlan	anda &	have	2/1/1/2	14	1411 4 4 0004
13. Typed or Printed Name of Ca		Signature of	Candidate	i www	Date (mm/bd/yy)	· 1	JAN 1 1 2024
Δ\	_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ 11	l l
Khonda Gra		1 - mas		lave		14	
Varning: State law requires that any	change in	this information be re	ported within ten	(10) days of	the change (IC 3-9-1-	10). A	LLAONI CITUUS CLERK OF LA PORTE CIRCUIT COL
erson who knowingly files a fraudule occurate report as required by the Inc	nt report con Jiana Campa	nmits a Level 6 D fel aign Finance Law coi	ony <i>(IC 3-14-1-13).</i> mmits a Class B <i>m</i>	A person while a person when the person with a person with	no fails to file a compl	lete or	CLERK OF LA PORTE CIRCUIT COL
ubject to civil penalties (IC 3-9-4-16 II	2.0 4.17 e	g.: 1		modelinealior	10 3-14-1-14), and II	ay ne -	



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 form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes

✓ No

(CFA-4) Summary Sheet

FILE NUMBER

46-24-03

TOTAL PAGES IN ENTIRE CFA-4 REPORT

× 4

COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization) Check if this is a new to Committee to Elect Rhonda Graves Committee to Elect Rhonda Graves	name.	,		•	
2. Acronym or Abbreviated Name (if any)	1	nittee Teleph 9) 575-2	one Number 2317	•	
4. Mailing Address (Address where all campaign finance correspondence is received.) 4957 N Remington Sq	Check if thi	is is a new ad	ldress. •	•	1
5. City, State, ZIP Code La Porte, IN 46350	6. Party Repub	Affiliation (if blican	applicable)		
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)			
7. Full Name of Candidate (Include any nickname.)		Affiliation or blican .	If Independen	t Candidate	`
Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor	10. Cou La Po	nty of Reside	ence		
TYPE OF REPORT			CONVENTIO	N CANDIDAT	ES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:		,
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Orga	anization.)	Post-Con	vention	
12. Reporting Period (mm/dd/yy): From: 01/01/24 Through: 04/12/24	,	COLU This F		COLUN Year to	
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. Uniternized			120.06		120.06
	TOTAL		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.	TOTAL	· ·	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	6731.21		6731.21	6 ,731.1 5
19. Debts OWED BY the committee (Use Schedule D.)		\$1727.	44		
20. Debts OWED TO the committee (Use Schedule E.)					
CERTIFICATION			F	or of fig e U	SEONLD
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORF	RECT AND COM	APLETE.	CLERKS C	OFFICE
Signature of Treasurer Title		ate (mm/dd/)	7 <i>7</i> 7 ()		1
Change Treasurer Treasurer		04/18/2		.mn 1 Q	2024
Signature of Candidate (f applicable)	0	ate (<i>mm/dd/</i>) 04/18/2		APR 19	COL-1
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		
I die a frankliget const committe a Loyal 6 falony (IC 3-14-1-13) A person who falls to file a complete of accura	ate redort as	s required by ti	ne mpiana j	THE PORT	CIRCUIT COU
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	3-4-17, IU 3-9-4	-10) I -15	UN OF IN DENIE	170



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 form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Signature of Candidate (if applicable),

Yes	No

(CFA-4) **Summary Sheet**

FILE NUMBER 46-24-03 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 name.							
2. Acronym or Abbreviated Name (if any)		nittee Telephone Number					
	(21	9)515·231	<u>'7</u>				
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if this	s is a new address.					
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)					
Laforte IN 46350	Kep	ublican					
CANDIDATE INFORMATION (For Candidate's C	ommittee	es Only)					
7. Full Name of Candidate (Include any nickname.)	8. Parfty	Affiliation or If Independer	nt Candidate				
Rhonda Graves	Λe	Publican					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		nty of Residence					
County Auditor	Lai	Por te					
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Conv	rention				
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Orga	nization.) Dost-Con	vention				
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B				
From: 01/01/2024 Through: 4/12/2024		This Period	Year to Date				
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.			280°.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.	TOTAL	5595.06	5595.06				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	8395.04	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	1338.85				
17b. Unitemized		<u> 2 65.00 </u>	2us. 00 ±				
17c. Add lines 17a and 17b in both columns.	TOTAL	. 1143.85	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.)		<u> </u>					
CERTIFICATION		F	OR OFFICE USE ONLY				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORR	ECT AND COMPLETE.	T. E D				
Signature of Treasurer / Title	Da	ate (mm/dd/yy)	RKS OFFICE				

Treasurer

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly PR 1 9 2024 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 3-94-16 IC 3-94-17 IC 3-94-17 IC 3-94-19)

Date (mm/dd/yy)

CIERK OF IA PORTE CIRCUIT COURT



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		

(street, number, city, state, ZIP code) PERIOD YEAR-TO-DATE RECEIVED BY 1. Contributions:	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
Contributor's Occupation (I required) Cont		OR OTHER RECEIPT			RECEIVED BY
Miscellaneous (specify) Miscellaneous (s	KNNMAN Invalles	l 🗖 🚉 .	200	\$200	१५०८/४८/ए
2. Rhonda Graves 4957 N Remunistron Se Labort, IN 4435D Contributor's Occupation (# required) 3. Contributor's Occupation (# required) Substant this Page of Schedule A \$ 235 000 Contributor's Occupation (# required) Substant this Page of Schedule A \$ 235 000 Contributor's Occupation (# required) Substant this Page of Schedule A \$ 235 000 Contributor's Occupation (# required)		l —			Rgraves
Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Other Receipts: Interest Loan Miscellaneous (specify) Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Contributor's Occupation (if required) Other Receipts: Interest Loan		Contributions:			1
Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Other Receipts: Interest Loan Miscellaneous (specify) Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute I Loan Miscellaneous (specify) Contributor's Occupation (if required) Contributor's Occupation (if required) Other Receipts: Interest Loan	Rhonda Graves 4957 N Remunistran Sq	Direct (In-Kind (describe) Authoritising	\$ 25	. الاسا	03 /23 /2624
Contributor's Occupation (if required) Substoct Loan Interest Loan Interest Pin Sierric F In Sierric F Contributor's Occupation (if required) Contributor's Occupation (if required) Substoct Loan Interest Sierric F Contributor's Occupation (if required) Substoct Sierric F Contributor's Occupation (if required) Substoct Loan Interest Sierric F Contributor's Occupation (if required) Contributor's Occupation (if required) Substoct Loan Interest Sierric F Contributor's Occupation (if required) Contributor's Occupation (if required) Substoct Sierric F Contributor's Occupation (if required) Contributor's Occupation (if required) Contributor's Occupation (if required) Substoct Sierric F Contributor's Occupation (if required)	Lafort, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	÷.	ans	fgraves
Direct In-Kind (describe)	Contributor's Occupation (if required)				
Interest Loan Miscellaneous (specify) 4. Contributions: Direct In-Kind (describe)	3.	Direct			
Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Substotal This Page of Schedule A State Page ONLY State Page		☐ Interest ☐ Loan			
Direct In-Kind (describe)	Contributor's Occupation (if required)				
Contributor's Occupation (if required) 5. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 225 0.0 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	4.	Direct			
Contributor's Occupation (if required) 5. Contributions: Direct In-Kind (describe)		Interest Loan		- 8	D
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 225 00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY			- To	L OFFICE	- park
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 225 00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	5.	Direct			
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 225 00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	Contributor's Occupation (if required)	Interest Loan	1 1 1		1 1 1
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		THIS PAGE OF SCHEDULE A			
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 547500		



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 N	IUMB	ER
	46-	24-03	3
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 B CUMULATIVE YEAR-TO-DATE	DATE OF 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 A CK Design 3382 E State Rd 4 La Porte, IN 46350		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ 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:		Y L E	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		PR 1 9 202 Leave Street of La PORTE CIRCUI	
	SUBTOTAL THIS PAG		\$ 1,389.85		
TOTAL OF ALL P	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				



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	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.S. Kosmyna Skwiat	Contributions:			
0448 N Shebel Rd	Direct			00/00/04
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 (if required)	<u> </u>			
2. Marlee Doms	Contributions:			
566 S Wozniak Rd	Direct			
La Porte, IN 46350	n-Kind (describe)			03/30/24
	Other Receipts:	\$750.00	\$750.00	
	Interest Loan			
	Miscellaneous (specify)			R. Graves
Contributor's Occupation (if required)				
3. Andrew Skwiat	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
Contributor's Occupation (if required)				
4. Andrew Jones	Contributions:			
704 W Washington St	Direct			02/23/24
South Bend, IN 46601	In-Kind (describe)			02/23/24
		¢500.00	ΦE00.00	
	Other Receipts: Interest Loan	\$500.00	\$500.00	h
	Miscellaneous (specify)		E D	R. Graves
	(Miscellanceds (Speeny)	E I	LOFFICE-	N. Glaves
Contributor's Occupation (if required)		I INCLE	I E D KS OFFICE	<u> </u>
5. Timothy Stabosz	Contributions:	\prod	1 9 2024	\
1501 Michigan Ave	Direct	Adv / VB	19 2024	03/22/24
La Porte, IN 46350	In-Kind (describe)			W0/22/24
		\$2 500 00	\$25AY83	1
	Other Receipts:	1 12,000,000	A POSTE CHO GO OU	
	Miscellaneous (specify)	CIERK OF	11.	R. Graves
Contributor's Occupation (if required) Auditor				
SUBTOTAL	\$ 5,250.00			
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



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		

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		TOTAL OF ALI	PAGES OF SCHEDUL (Enter total on l	ED ON THE LA TEM 19 of the S	AST PAGE ONLY Summary Sheet.)	\$ 17 27.44



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(CFA-11)

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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

410-24-03 TOTAL PAGES IN ENTIRE CFA-11 REPORT

completing this form, see measurable of the		, ter ore	
IS THIS AN AMENDMENT? Yes No			
COMM	ITTEE INFORMATION		
1. Full Name of Candidate (Include any nickname.) Check if this is a new included the control of the control	name. 2. Committee Telephone		
Khonda L Graves	1219,575	<u>- 2311</u>	
3. Malling Address (Address where all campaign finance correspondence is	received.) Check if this is a ne	ew address.	
4957 N Reminaton Sq			
	ode 5. Party A	fijilation or if Independent Candidate	
7.50	46350	le oublican	1
6. Office Sought (Include district number, if any. Not required for explorator)		of Residence	
	Committeen	LaPorte	
Auditor		LWBFTC	
8. Reporting Period (mm/dd/yy):	1 I		
From: 04/13/2024 Through: 05/	05/24		
For classification, enter (NDV for Individual; PAC for political action committee: CORP for co	rporation, LAB for labor organization; OTI	HER for all entries which are not one of the a	bove categories.
CONTRIBUTOR'S FULL NAME AND OCCUPATION		COLUMN A	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY
(street, number, city, state, ZIP code)		CONTRIBUTION	REGEIVED BY
1. Timothy Stabosz 1501 Michigan Ave LaPorte IN 46350	Contributions:		100102124
IImothy Janobac	☐ Direct Direct		05/03/24
1501 Michigan AVE	Postage	\$ 2935. 23	
10 10 10 UN 44350	1-1001009		1
La Porte 111 7000	Other Receipts:		10/22/0
	☐ Interest ☐ Loan		Village,
A 1: 1	☐ Miscellaneous (specify)		Rhonda Graves
Contributor's Occupation (if applicable) Auditor			
Classification 2.	Contributions:	1	
	Direct		
	☐ in-Kind (describe)		1
			1
	Other Receipts:	ì	
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	J]
	Miscellatiedds (shers)	İ	1
Contributor's Occupation (il applicable)			
Classification 3.	Contributions:		
	☐ Direct ☐ In-Kind (describe)	· ·	
	La m-rand posteriory		
		ŀ	
• 	Other Receipts:	1	
	☐ Miscellaneous (specify)	i	
	C Miccollengons (abequit)	1	
Contributor's Occupation (if applicable)		700 000	TOT HOE ONLY
CERTIFICATION	THE OF THE STREET		ICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE B TRUE CORRECT AND COMPLETE. (EST OF MY KNOWLEDGE AND	DELIEF IN IO	LED
Signature of Treasurer Title	Date (mm/	(dd/yr)	LERKS OFFICE
1/2	swer 05,	105/24 11 FINC	LLNIO OTTION
Signafure of Candidate (If applicating)	Date (mm/	ddiyr)	
	05/	05/24 MI	Y - 5 2024
Warning Any Information contained in this report may not be copied for sale or	used for any commercial purpose, (C 3-9-4-5) A	31
		aptoto of the shell	
person who knowingly files a fratiquient report continuts a Cere o resory. The 3-resport as required by the Indiana Campaign Finance Law commits a Class B mis penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	demeanor (IC 3-14-1-14), and may b	J.	Leann Stevens
parames, no service of the many of the		CLERK O	LA PORTE CIRCUIT COURT



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 form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER

46-24-03

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Rhonda Graves	name.			
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number				
	(21	9) 5/5	5-2317	
Mailing Address (Address where all campaign finance correspondence is received.) Page 14. Mailing Address (Address where all campaign finance correspondence is received.) Page 25. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new	address.	
5. City, State, ZIP Code			(if applicable)	
La Porte, IN 46350		blican		
CANDIDATE INFORMATION (For Candidate's (_			
7. Full Name of Candidate (Include any nickname.)			or If Independen	t Candidate
Rhonda L Graves		blican	:danaa	
Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor	La Po	inty of Res orte	idence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	·
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St	atement of Org	anization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):			LUMN A	COLUMN B
From: 4/13/2024 Through: 10/16/2024		Thi	s Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			6,731.21	_
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.)			3,135.23	8,610.23
15b. Unitemized			150.03	270.09
15c. Add lines 15a and 15b in both columns.	TOTAL		3,285.26	8,880.32
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		10,016.47	11,680.32
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			10,016.47	11,415.32
17b. Uniternized				265.00
17c. Add lines 17a and 17b in both columns.	BTOTAL		10,016.47	11,680.32
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)			898.13	
20. Debts OWED TO the committee (Use Schedule E.)				

CER	HEICATION	
LEERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 10/18/2024
Signature of Candidate (if applicable)		Date (mm/dd/yy) 10/18/2024
WARNING: Any information contained in this report may not be copied	for sale or used for any commercial purpose. (IC 3-9-4	4-5) A person who knowing

files a fraudulent report commits a Level 6 fetony. (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)

FOR OFFICE USE ONLY

Received OCT 1 8 2024 Election Board



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 (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. Mike Bohacek 5698 W Johnson Rd La Porte, IN 46350	Contributions: Direct In-Kind (describe)			4/7/2024
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Rhonda Graves
2. Timothy Stabosz 1501 Michigan Ave La Porte, IN 46350	Contributions: Direct In-Kind (describe) Bulk Postage			5/382024
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,935.23	\$5,435.23	USPS
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)	Contributions:			COURT
5.	Direct In-Kind (describe)		SO PE	ceived 182124
·	Other Receipts: Interest Loan Miscellaneous (specify)		a	Election Board
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 3,135.23		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 3,135.23		



State Form 4606 (R17 / 8-23) 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 15a 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, 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	of			

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
2.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			:
	Miscellaneous (specify)	,		
3.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
·				
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
4.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
5.	Contributions:		A C	DUNE
	☐ Direct ☐ In-Kind (describe)		20° Rece	ved \
			1 - 1:	X L*
	Other Receipts:		1 001	ction oard
	Miscellaneous (specify)		7	soard (5
				- \
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITEI	f 15a of the Summary Sheet.)			



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	3	of	5		

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 CUMULATIVE	DATE OF EXPENDITURE
(Street, Humber, City, State, Zir Code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code A Amazon Marketplace 1260 Mercer St Seattle, WA 98109		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Stakes for Signs	\$112.00	\$397.00	4/15/2024
Code O Walmart 333 Boyd Blvd La Porte, IN 46350		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Stamps	\$68.00	\$68.00	4/16/2024
Code O Walmart 333 Boyd Blvd La Porte, IN 46350		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Envelopes	\$21.34	\$89.34	4/16/2024
Code O USPS 1201 Lincolnway La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Bulk Mailing	\$2,306.23	\$2,306.23	4/19/2024
Code A WCOE/WLOI 1700 Lincolnway La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Radio Ad	\$342.99	\$342.99	4/22/2024
Code A Russ Print Shop 131 N Main St Hebron, IN 46341		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Print Postcard	\$1,754.78	/ &	4/19/2024 Ounty
Walmart 333 Boyd Blvd La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies for Election Day Vokunteers	\$128.41	(OCT)	8 2024
	SUBTOTAL THIS PAG		\$ 4,733.75		
TOTAL OF ALL PA	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONL (Enter total on ITEM 17a of the Summary Sheet				



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 (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MA!LING 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
Rhonda Graves					
4957 N Remington Sq		\$1,042.40	1		
La Porte, iN 46350		Ψ1,042.40			
'			11/27/2023	\$829.11	\$213.09
		election signs			
LENDER'S OCCUPATION: Chief Deputy Auditor		Olderlerr elgric	}		
Rhonda Graves		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4957 N Remington Sq		\$685.04			
La Porte, IN 46350			11/27/2023		\$685.04
		Flaction since			
LENDER'S OCCUPATION: Chief Deputy Auditor		Election signs	[
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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	TOTAL OF ALL	PAGES OF SCHEDULI (Enter total on I	ED ON THE LAS TEM 19 of the Su	immary Sheet.)	\$ 898.13
		· · · · · · · · · · · · · · · · · · ·			<u> </u>