



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)

## Summary Sheet

FILE NUMBER

410-760-72

TOTAL PAGES IN ENTIRE CFA-4 REPORT

13

**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)  Check if this is a new name  
*FRIENDS OF CONNIE BRAMACROSSA*

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
*(219) 221-7326*

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
*335 LAKE HILL*

5. City, State, ZIP Code  
*MICHIGAN CITY IN 46360*

6. Party Affiliation (if applicable)  
*REPUBLICAN*

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)  
*CONNIE BRAMACROSSA*

8. Party Affiliation or If Independent Candidate  
*REPUBLICAN*

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
*Laporte County Commissioner*

10. County of Residence  
*LAPORTE*

### TYPE OF REPORT

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Nomination  Other  
 Final/Disbands Committee (lines 18, 19, and 20 must be "0")  Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period:  
 From: *JAN 15, 2025* Through: *APR 16, 2026*

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>6240.49</i>	
14. Cash on hand and investments January 1, current year.		<i>6240.49</i>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)	<i>11,220.-</i>	<i>11,220.-</i>
15b. Unitemized	<i>1800.-</i>	<i>1800.-</i>
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<b>SUBTOTAL</b>
	<i>13,020.-</i>	<i>13,020.-</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<b>TOTAL</b>
	<i>19240.49</i>	<i>19260.49</i>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>12,704.75</i>	<i>12,704.75</i>
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<b>SUBTOTAL</b>
	<i>12704.75</i>	<i>12704.75</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<b>TOTAL</b>
	<i>6555.74</i>	<i>6555.74</i>
19. Debts OWED BY the committee (use Schedule D)	<i>12,650.00</i>	
20. Debts OWED TO the committee (use Schedule E)		

### CERTIFICATION

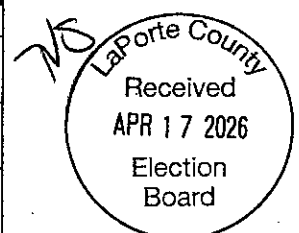
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: *Paul Brangan* Title: *Treasurer* Date: *4-16-26*

Signature of Candidate (if applicable): *Connie Bramacrossa* Date: *4-16-26*

**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 Class D 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)

FOR OFFICE USE ONLY



8:22am



**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 \_\_\_\_\_

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
1. <b>Richard Gramarossa</b> 8444 N 500 E Rolling Pt IN 46371  Contributor's Occupation (if required) <u>TREASURER</u>	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)	1,000.-		3-16-26 R.G. R.G. GRAMAROSSA
2. <b>Connie Gramarossa</b> 335 LAKE HILL MRLIN 46360  Contributor's Occupation (if required) <u>Candidate</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 162</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1500.-		3-19-26 R.G. GRAMAROSSA
3. <b>George Bullhorst</b> 304 LONG BEACH AVE MIL 46360  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 100</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-16-26 R.G. GRAMAROSSA
4. <b>GIBSON</b> 1410 ROSSETT CHESTERTON IN 46304  Contributor's Occupation (if required) <u>FR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 150</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	65.-		3-6-26 R.G. GRAMAROSSA
5. <b>FUND RAISER DASH</b> 36 X 65. = 2340.- 18 X 50 = 900.-  Contributor's Occupation (if required) <u>FR</u>	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)	3240.-		3-26-26 R.G. GRAMAROSSA
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 5905.-		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 5905		

LaPorte County  
Received  
APR 17 2026  
Election Board



**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 \_\_\_\_\_

Page 2 of 2

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. <b>SCHUMANS</b> Fundraiser 0299 N 600 E MILL CREEK		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 1322</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-12-20 Rita Grammosa
Contributor's Occupation (if required) _____					
2. <b>AGE TOWING</b> Fundraiser		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)	250.-		3-19-20 Rita Grammosa
Contributor's Occupation (if required) _____					
3. <b>KURT EARNST</b> FUNDRAISER 4664 W MERLOT CT LAPORTE IN		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 1098</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	65.-		3-26-20 Rita Grammosa
Contributor's Occupation (if required) _____					
4. <b>EARL CUNNINGHAM</b> FUNDRAISER 6311 W SHIVA TR LAPORTE		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 3040</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.-		3-26-20 Rita Grammosa
Contributor's Occupation (if required) _____					
5. <b>SHARON KIRKHAM</b> FUNDRAISER PO BOX 1523 LAPORTE		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 1011</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-24-20 Rita Grammosa
Contributor's Occupation (if required) _____					
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>			\$ 565.-		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>			\$ 6470		

Laporte County  
Received  
APR 17 2020  
Election Board



**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 \_\_\_\_\_

Page 3 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <small>(mm dd yy)</small> RECEIVED BY
1. <b>BWQ FUNDRAISER</b> 1704 1ST STREET LAPORTE IN  F.R.  Contributor's Occupation (if required) _____		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 1260</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-26-26  RICH BRAMMIGROSSA
2. <b>KIMBERLY HELMAN</b> 522 WASHINGTON PK M/C 46360  F.R.  Contributor's Occupation (if required) _____		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 177</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-26-26  RICH BRAMMIGROSSA
3. <b>RINA BEATY</b> 951 E 600 S HAMLET, IN 46532  F.R.  Contributor's Occupation (if required) _____		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 3258</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-26-26  RICH BRAMMIGROSSA
4. <b>ATLEY PRIDE</b> P.O. BOX 272 M/C  F.R.  Contributor's Occupation (if required) _____		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 5118</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-26-26  RICH BRAMMIGROSSA
5. <b>GEORGE POLLHORST</b> P.O. BOX 506 M/C  F.R.  Contributor's Occupation (if required) _____		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 4009</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.-		3-26-26  RICH BRAMMIGROSSA
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>			\$ 500.-		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 15a of the Summary Sheet.)</small>			\$ 6970.		

Laporte County  
Received  
APR 17 2026  
Election Board  
200



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

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

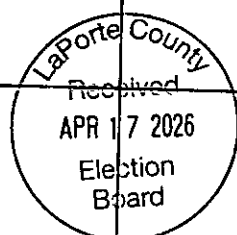
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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 \_\_\_\_\_

Page 4 of 4

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. CHARLES SAUERS 2111 E 800N LAPORTE IN 46350  F.R.  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u>CK 2483</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.-		3-26-26 RICH BRINGROSSA
2. MICHAEL OPERAFELL 118 BOULDER NOBLEVILLE IN 46640  F.R.  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u>CK 204</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1000.-		3-26-26 RICH GAMMARAUSA
3. PATRICK WRIGHT 2350 E 150S KNOX IN  F.R.  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Food</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1000.-		3-26-26
4. _____  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5. _____  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1500		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 2470		





**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-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100 per 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 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. <b>BB POLITICAL ACTION COMMITTEE</b> 9025 RIVER ROAD INDIANAPOLIS IN 46240  F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>CK 3230</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.-		3-26-26 Riot Grammossa
2. <b>FRIENDS OF SIM PRESSER</b> 1772 N LOFAREN RD Rolling Dr. IN 46371  F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>CK 132</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	200.-		3-26-26 Riot Grammossa
3. <b>HERITAGE TRAIL</b> P.O. Box 68123 INDY IN  F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>CK 1089</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.-		3-30-26 Riot Grammossa
4.	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.	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)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1200.-		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 1200		

LePorte County  
Received  
APR 17 2026  
Election Board



**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-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 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. PUBLIC INFRASTRUCTURE DEVELOPMENT PO BOX 8171 EVANVILLE IN 47714 F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 1007</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1000-		3-26-26 RPH Gramatica
2. MICHIANA INS 5385 JOHNSON RD M/C IN 46360 F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 131018</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100-		3-26-26 RPH Gramatica
3. ZONA CORP 6706 N 300W LAPORTE M/C IN 46340 F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 0552</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250-		3-26-26 RPH Gramatica
4. MCR 5920 HOHMAN HAMMOND IN F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 0015</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1,000		3-18-26 RPH Gramatica
5. B&H 1580 E 90th Merrillville F.R.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>OK 7527</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1,000.-	Laporte County Received APR 17 2026 Election Board	4-2-26 RPH Gramatica
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 3,350.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 3,350.-		



**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**

Page 1 of 1

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Richard Gramarosa 8444 N 500 E Rolling Pt. IN 46371  LENDER'S OCCUPATION:		12,650.00  LOAN	CARRYOVER	12,650.-	12,650.-
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$

Laporte County  
Received  
APR 17 2026  
Election Board



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

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

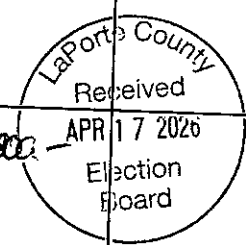
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**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 \_\_\_\_\_

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	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 <small>(mm/dd-yy)</small>
Code <u>A</u> LAMAR 1335 E MISHAWAKA SOUTH BEND, IN 46615		<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 <u>OK 121</u> Purpose:	1700.-		3-7-26
Code <u>A</u> WIMS 1885 E 1675 N M/R IN 46360		<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 <u>OK 122</u> Purpose:	1518.-		3-13-26
Code <u>A</u> AW SIGROS 1200 SAINT CHARLES		<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 <u>OK 123</u> Purpose:	2075.-		3-16-26
Code <u>A</u> IMPACT SONS 379 W US HIGH 30 VAIP IN 46385		<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 <u>OK 124</u> Purpose:	1850.-		3-18-26
Code <u>A</u> HAWKINS 315 LINCOLN WAY LAPORTE IN 46380		<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 <u>OK 125</u> Purpose:	1460.-		3-27-26
Code <u>A</u> PARKMAN AVE P.O. Box 226 WESTVILLE IN 46391		<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 <u>OK 126</u> Purpose:	1400.-		2-19-26
Code <u>F</u> PATRIK WRIGHT T-BONES FUNDRAISER		<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1800.-		2-26-26
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 11,803		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$ 11,803		





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

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

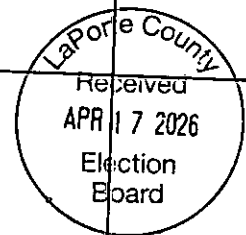
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**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**

Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	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 <small>(mm dd yy)</small>
Code <u>F</u> HORIZON BANK	BANK	<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 <u>FEES</u> Purpose:	169.90		
Code <u>P</u> Guy Demartino Candidate for Judge	FUNDRAISER	<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 <u>160</u> Purpose:	100.-		
Code <u>A</u> Reprographic Arts 2824 E MICHIGAN BLVD M/C 46360	SHIRT'S PRINTER	<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 <u>6161</u> Purpose:	538.85		7-7-25
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			\$208.75		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$12,011.75		





**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)**

**(CFA-11)**

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  
  
TOTAL PAGES IN ENTIRE CFA-11 REPORT  
1 ~~2~~ 3

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.)  Check if this is a new name. *Connie Gramarossa*

2. Committee Telephone Number *(219) 221-7326*

3. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
*335 LAKE HILL*

4. City *Michigan City* State *IN* ZIP Code *46360*

5. Party Affiliation or if Independent Candidate *REPUBLICAN*

6. Office Sought (include district number, if any. Not required for exploratory committee.) *District 1*

7. County of Residence *LaPorte*

8. Reporting Period (mm/dd/yy):  
From: *JAN 15, 25* Through: *APR 16, 2026*

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

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  RECEIVED BY
Classification 1. <i>Richard Gramarossa</i> Contributor's Occupation (if applicable) <i>Candidate Husband</i>	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)	<i>1000-</i>	
Classification 2. <i>Connie Gramarossa</i> Contributor's Occupation (if applicable) <i>Candidate</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <i>162</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	<i>1500-</i>	
Classification 3. <i>MICHAEL OBERGfell</i> <i>118 BOULDER</i> <i>NOBLEVILL IN</i> <i>4660</i> Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <i>200</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	<i>1000-</i>	

**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 *[Signature]* Title *Treasurer* Date (mm/dd/yy) *4-16-2026*

Signature of Candidate (if applicable) *Connie Gramarossa* Date (mm/dd/yy) *4-16-2026*

**FOR OFFICE USE ONLY**

TNS  
LaPorte County  
Received  
APR 17 2026  
Election Board  
8:22am

**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, and IC 3-9-4-18)



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)**

**(CFA-11)**

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  
  
TOTAL PAGES IN ENTIRE CFA-11 REPORT  
**2 OF 3**

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.)  Check if this is a new name. **Connie Gramarosa** 2. Committee Telephone Number **(219) 221-7326**

3. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address. **335 LAKE HILL**

4. City **MICHIGAN CITY** State **IL** ZIP Code **46340** 5. Party Affiliation or if Independent Candidate **Republican**

6. Office Sought (Include district number, if any. Not required for exploratory committee.) **District 1** 7. County of Residence **Laporte**

8. Reporting Period (mm/dd/yy):  
From: **JAN 15, 2025** Through: **APR 14, 2026**

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

**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 RECEIVED BY**

Classification	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 RECEIVED BY
1.	<b>PATRICK WRIGHT 2350 E 190S KNOX IN</b>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <b>FOOD</b> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	<b>100.-</b>	
2.	<b>PUBLIC INFRASTRUCTURE DEVEL PONENT PO BOX 8771 EVANSVILLE IN 47714</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <b>OK 1007</b> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <b>OK 60075</b>	<b>1000.-</b>	
3.	<b>MCR 5920 HOFFMAN HAMMOND IN</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <b>PK 0015</b> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	<b>1000.-</b>	

**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 **John Lumm** Title **Treasurer** Date (mm/dd/yy) **4-16-2026**

Signature of Candidate (if applicable) **Connie Gramarosa** Date (mm/dd/yy) **4.16.2026**

**FOR OFFICE USE ONLY**

**TVS 8:22am**  
LaPorte County  
Received  
APR 17 2026  
Election Board

**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, and IC 3-9-4-18)



**MULTIPLE "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)**

**(CFA-11)**

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**  
  
**TOTAL PAGES IN ENTIRE CFA-11 REPORT**  
*3 of 3*

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.)  Check if this is a new name. *Connie Gramarossa* 2. Committee Telephone Number *(219) 221-7326*

3. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address. *335 LAKE HILL*

4. City *Michigan City* State *IN* ZIP Code *46340* 5. Party Affiliation or If Independent Candidate *Republican*

6. Office Sought (Include district number, if any. Not required for exploratory committee.) *District 1* 7. County of Residence *LAPORTE*

8. Reporting Period (mm/dd/yy):  
From: *JAN 15, 2025* Through: *APR 16, 2026*

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

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. <i>B&amp;H</i> <i>1580 E 90TH</i> <i>Merrillville</i> Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <i>OK 7527</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	<i>1000.-</i>	
Classification 2. Contributor's Occupation (if applicable)	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)		
Classification 3. Contributor's Occupation (if applicable)	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)		

**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 *Edwin Lamm* Title *TREASURER* Date (mm/dd/yy) *4-16-2026*

Signature of Candidate (if applicable) *Connie Gramarossa* Date (mm/dd/yy) *4-16-2026*

FOR OFFICE USE ONLY

*TVS*  
*8:22am*

**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, and IC 3-9-4-18)