

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

32-15-008

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes X No

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

1. Full Name of Committee (as on Statement of Organization)	name		
Committee to Elect Ann Hathaway			
Acronym or Abbreviated Name (if any)	3. Committe	ee Telephone Number	
	(317) 459-5920	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this is	a new address	
19 Carnaby Ct			
5. City, State, ZIP Code	6. Party Aff	filiation (if applicable)	
Brownsburg, IN 46112	Repub	olican	
CANDIDATE INFORMATION (For Candidate's Co	A STATE OF THE REAL PROPERTY.		
7. Full Name of Candidate (include any nickname)	8. Party Aff	iliation or If Independent	Candidate
Ann Rita Hathaway	Reput	olican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		of Residence	
Clerk-Treasurer Town of Brownsburg	Hendr	ricks	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Committee (lines 18, 19, and 20 must be "0")	Organization)	☐ Post-Conv	ention
12. Reporting Period:		COLUMN A	COLUMN B
From: 01/01/2015 Through: 04/10/2015		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		0.040.40	
15b. Unitemized		3,343.48	3,343.48
15c. Add lines 15a and 15b in both columns SUBTO	OTAL	0.040.40	0.040.40
		3,343.48	3,343.48
EXPENDITURES	OTAL	3,343.48	3,343.48
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)		NAME OF TAXABLE PARTY.	
17b. Unitemized		3,163.76	3,163.76
	TOTAL	0.400.70	0.400.70
		3,163.76	3,163.76
, , , , , , , , , , , , , , , , , , , ,	TOTAL	179.72	179.72
19. Debts OWED BY the committee (use Schedule D)		194.77	
20. Debts OWED TO the committee (use Schedule E)			
CERTIFICATION		FO	R OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRI		AND COMPLETE.	
Signature of Treasurer Title and late	Date	14.4/2045	
Signature of Caffididate (if applicable)	Date	/14/2015 APR	1 5 2015
I sa tallawan		/14/2015	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I	(IC 3-9-4-5) A pe	erson who knowingly	Hoskins
files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties, (IC 3-9-4			CKS CIRCUIT COURT
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COMMITTEE INFORMATION



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

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Harlan Hinkle 4377 Westside Dr	Contributions: Direct In-Kind (describe)	300.00	300.00	04/07/15
Brownsburg, IN 46112	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
² Miscellaneous	Contributions: Direct In-Kind (describe)	100.00	100.00	02/18/15
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
Miscellaneous	Contributions: Direct In-Kind (describe)	194.77	194.77	04/06/15
	Other Receipts: Interest X Loan Misc. (specify)			
Contributor's Occupation (if required)				
Miscellaneous	Contributions: Direct In-Kind (describe)	567.00	567.00	03/31/15
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
Miscellaneous	Contributions: Direct In-Kind (describe) Food for Fundraiser	81.71	81.71	03/18/15
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1243.48		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	M 15a of the Summary Sheet)	\$		ALL THE SERVICE



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(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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Miscellaneous	Contributions: X Direct In-Kind (describe)	100.00	100.00	03/31/15
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 100.00		THE RESERVE
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		
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(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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Hendricks Co Local 4406 PAC 95 N Tennessee St Danville, IN 46122	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	2,000.00	2,000.00	03/31/15
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
	Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 3,343.48	of Built	



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

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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
Fairway Outdoor Advertisin 8604 Allisonville Rd Ste 39 Indianapolis, IN 46250		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,452.00	1,452.00	04/07/15
Peoples Promotions P. O. Box 10 Brownsburg, IN 46112		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,516.99	1,516.99	04/07/15
Miscellaneous		Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	24.72	24.72	01/27/15
Miscellaneous		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	170.05	170.05	03/10/15
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:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$3,163.76		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$3,163.76		



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(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.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING	
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD	
Ann Hathaway		194.77	04/06/15	194.77	194.7	
19 Carnaby Ct		194.77	04/00/13	194.77	194.7	
Brownsburg, IN 46112		Loan-Campaig	n			
LENDER'S OCCUPATION:		Expenses		1443		
LENDER'S OCCUPATION:						
ENDER'S OCCUPATION:						
ENDER'S OCCUPATION:						
ENDER'S OCCUPATION:						
ENDER'S OCCUPATION:						
ENDER'S OCCUPATION:		SUDTOTAL	THIS DAGE OF	F SCHEDULE D	•	
					\$ 194.77	
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on I	ED ON THE LAS TEM 19 of the S	ST PAGE ONLY ummary Sheet)	^{\$} 194.77	