

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) 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?

V	\Box
Yes	

No

(CFA-4) Summary Sheet

FILE NUMBER

32-15-008

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Ann Hathaway	name.			
2. Acronym or Abbreviated Name (if any)		Committee Telephone Number 317) 459-5920		
Mailing Address (Address where all campaign finance correspondence is received.) Carnaby Ct	Check if this is a ne	ew address.		
5. City, State, ZIP Code Brownsburg, IN 46112	6. Party Affiliation Republican	on (if applicable)		
CANDIDATE INFORMATION (For Candidate's C	ommittees Onl	ν)		
7. Full Name of Candidate <i>(Include any nickname.)</i> Ann Rita Hathaway	Party Affiliation or If Independent Candidate Republican			
 Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk-Treasurer 	10. County of R Hendricks	esidence		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Ornanization 1	Check one: Pre-Convention Post-Convention		
12. Reporting Period (mm/dd/yy): From: 01/01/2020 Through: 12/31/2020		OLUMN A his Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		100.00		
14. Cash on hand and investments January 1, current year.			100.00	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		0.00	0.00	
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUB	TOTAL	0.00	0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TOTAL 6	100.00	100.00	
(Note: These amounts include in-kind expenditures and loan repayments.)		-		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)				
17b. Unitemized				
	TOTAL	0.00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	100,00	100,00	
19. Debts OWED BY the committee (Use Schedule D.)		226.71		
20. Debts OWED TO the committee (Use Schedule E.)				
·				

CERTIFICATION				
I CERTIFY 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 Julianus Cura	Title Treasurer	Date (mm/dd/yy) 01/14/22		
Signature of Candidate (if applicable)		Date (mm/dd/yy) 01/14/22		
WARNING: Any information contained in this report may not be copied to	for sale or used for any commercial nurpose. IIC 3-9-	4-5) A person who knowingly		

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

FOR OFFICE USE ONLY

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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 toans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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32-15-008					
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Cartest, minter, city, state, ZiP code) Cartest, number, city, state, ZiP code) NATURE OF DEBT Commoddyn) YEARTO-DATE PERIOD	CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT			
19 Carnaby Ct Brownsburg, IN 46112		(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	
19 Carnaby Ct Brownsburg, IN 46112	Ann Hathaway					
Substitute Sub			\$126.71			
LEMERERS OCCUPATION Ann Hathaway 19 Carnaby CI Brownsburg, IN 46112 To open 2019 companys fund LEMERERS OCCUPATION: LEMERERS OCCUPATION SUBSTOTAL THIS PAGE OF SCHEDULE D \$ 226.71 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY			\$120.71			
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