

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? ☐ Yes ✓ No

(CFA-4) Summary Sheet

200	FILE NUM	BER
	32-15-0	008
TOTAL PA	GES IN ENTI	RE CFA-4 REPORT
	2	

COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Ann Hathaway	name.				
Acronym or Abbreviated Name (if any)		Committee Telephone Number			
	(317) 4	159-5920			
Mailing Address (Address where all campaign finance correspondence is received.) 19 Carnaby Ct	Check if this is a ne	ew address.			
5. City, State, ZIP Code	6. Party Affiliation	Affiliation (if applicable)			
Brownsburg, IN 46112	Republicar	-			
CANDIDATE INFORMATION (For Candidate's 0	THE CAMP LINE S. L.				
7. Full Name of Candidate (Include any nickname.)		y Affiliation or If Independent Candidate			
Ann Rita Hathaway	Republicar	ublican			
 Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk-Treasurer 	10. County of R Hendricks				
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one:		Check one:			
✓ Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Ste	atement of Organization.)	Post-Conv	ention		
12. Reporting Period (mm/dd/yy):		COLUMN A COLUMN B			
From: 01/01/2023 Through: 04/07/2023		his Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		107.00			
14. Cash on hand and investments January 1, current year.			107.00		
CONTRIBUTIONS AND RECEIPTS	O'LL COMPANY				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	是是性				
15a. Itemized (Use Schedule A.)					
15b, Unitemized					
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00	0.00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	107.00	107.00		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)					
17b. Unitemized					
17c. Add lines 17a and 17b in both columns.		0.00	0.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	107.00	107.00		
19. Debts OWED BY the committee (Use Schedule D.)		233.71	A STATE OF THE STATE OF		
20. Debts OWED TO the committee (Use Schedule E.)					

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

Signature of Theasurer

Title
Treasurer

Date (mm/dd/yy)
04/07/2023

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 3-14-1-14) 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 loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
	32-	15-008		
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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Ann Hathaway 19 Carnaby Ct Brownsburg, IN 46112		\$126.71	-05/03/2015	\$0.00	\$126.71
		Bal of loan from 2015 Campaign			
Ann Hathaway 19 Carnaby Ct		\$100.00	03/20/2019	\$0.00	\$100.00
Brownsburg, IN 46112 LENDER'S OCCUPATION:		To open 2019 Campaign Fund			
Ann Hathaway 19 Carnaby Ct Brownsburg, IN 46112		\$7.00	_2020-2022	\$7.00	\$7.00
		To avoid dormant fees			
LENDER'S OCCUPATION.					
				00	
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:		SUBTOTA	AL THIS PAGE (OF SCHEDULE D	\$ 233.71
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 233.71