

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

2019 APR 22 AM 10: 53

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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

(CFA-4) **Summary Sheet**

FILE NUMBER

32-15-008

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

	COMMITTEE INFORMATION	أركال ومرابات المتارات			
1. Full Name of Committee (as on Statement of Organization	on) Check if this is a new	name.			
Committee to Elect Ann Hathaway					
2. Acronym or Abbreviated Name (if any)			nmittee Telephone Number		
Mailing Address (Address where all campaign finance co To Carnaby Ct	prrespondence is received.)	Check if this is a new	address.		
5. City, State, ZIP Code Brownsburg, IN 46112		6. Party Affiliation Republican	(if applicable)		
	FORMATION (For Candidate's			The second second	
7. Full Name of Candidate (Include any nickname.)	,		or If Independent	Candidate	
Ann Rita Hathaway		Republican	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Office Sought (Include district number, if any. Not require	red for exploratory committee.)	10. County of Res	sidence		
Clerk-Treasurer	co to capiciato, committee,	Hendricks	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TYPE OF	REPORT	THE RESERVE	CONVENTION	CANDIDATES ONLY	
11. Check one:			Check one:		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other Other			Pre-Conve	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)		atement of Organization.)	Post-Conve	ention	
12. Reporting Perlod (mm/dd/yy):		CO	LUMN A	COLUMN B	
From: 01/01/19 Throu	_{igh:} 03/31/19		is 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	T _{ax}			0.00	
CONTRIBUTIONS AND					
(Note: these amounts include in-kind contributions and loa	ns, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			100.00	100.00	
15b. Unitemized					
15c. Add lines 15a and 15b in both columns.		BTOTAL	100.00	100.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15		TOTAL	100.00	100.00	
EXPENDITUR					
(Note: These amounts include in-kind expenditures and los					
17a. Itemized (Use Schedule B.) (Public Question: use Sci	hedule C.)				
17b. Unitemized					
17c. Add lines 17a and 17b in both columns. SUBTOTAL			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.)	*				
CEI	RTIFICATION		FC	OR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE		TRUE, CORRECT AND	COMPLETE,		
Signature of Treasurer Communication	Title Treasurer	Date (mm/c 04/2	dd/yy) 2/19		
Signature of Candidate (if applicable)			2/19		
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A	for sale or used for any commercial purpos person who fails to file a complete or accu	e. (IC 3-9-4-5) A person v rate report as required b	who knowingly by the Indiana		
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-1-					



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(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	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	AUGUST THE COLUMN	PERIOD	YEAR-TO-DATE	RECEIVED BY
Ann Hathaway 19 Carnaby Ct Brownsburg, IN 46112	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$100.00	03/20/19
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	*			
4,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	15a of the Summary Sheet.)	\$ 100.00		



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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 AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
Ann Hathaway 19 Carnaby Ct Brownsburg, IN 46112		\$126.71	5/3/15	\$0.00	\$126.71
LENDER'S OCCUPATION:		Bal of loan from 2015 campaign		,,,,,	Q 120.1 1
Ann Hathaway 19 Carnaby Ct Brownsburg, IN 46112		\$100.00	3/20/19	\$100.00	\$100.00
LENDER'S OCCUPATION:		To open campaign fund	0/20/ 10	Ψ100.00	\$100.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ENDER'S OCCUPATION					
ENDER'S OCCUPATION:					
ERIZEN O GGGIPATION:		SUBTOTAL	THIS PAGE O	F SCHEDULE D	\$ 226.71
	TOTAL OF ALL	PAGES OF SCHEDULE	D ON THE LA	ST PAGE ONLY	\$ 226.71