

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 X No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATION | | | | | |
|--|---------------------------------|--|----------------|----------------------|--|
| Full Name of Committee (as on Statement of Organization) Check if this is a new name. | | | | | |
| Jennifer Matthias for Education | | | | | |
| and the state of t | | nmittee Telephone Number | | | |
| | | 260) 450-1060 | | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) — Check if this is a new address. 9808 Skipjack Cove | | | | | |
| 5. City, State, ZIP Code | 6. Part | 6. Party Affiliation (if applicable) | | | |
| Fort Wayne, IN 46835 Non-Partisan (school board) | | | ool board) | | |
| CANDIDATE INFORMATION (For Candidate's Committees Only) | | | | | |
| 7. Full Name of Candidate (Include any nickname.) | 8. Party Affiliation or If Inde | | | dent Candidate | |
| Jennifer Matthias 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | | Non-Partisan (school board) 10. County of Residence | | | |
| FWCS School Board - District 2 | Allen | | | | |
| 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 Statement of Organization.) | | | Post-C | Convention | |
| 12. Reporting Period (mm/dd/yy): COLUMN A COLUMN B | | | | COLUMN B | |
| From: 01/01/2021 Through: 12/31/2021 | | | Period | Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | 45 | | |
| 14. Cash on hand and investments January 1, current year. | | | | \$530.45 | |
| CONTRIBUTIONS AND RECEIPTS | | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | | |
| 15a. Itemized (Use Schedule A.) | | 0 | | 0 | |
| 5b. Unitemized | | 0 | | 0 | |
| 15c. Add lines 15a and 15b in both columns. | OTAL | TAL 0 | | 0 | |
| | OTAL | OTAL \$530.45 | | \$530.45 | |
| EXPENDITURES | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | 0 | | 0 | |
| 17b. Unitemized | | 0 | 0 0 | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | | 0 | | 0 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | \$530 | 0.45 | \$530.45 | |
| 9. Debts OWED BY the committee (Use Schedule D.) | | | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | | Facilities Artistics | |
| CERTIFICATION FOR OFFICE USE ONLY | | | | | |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. | | | | TON OFFICE OCC ONE | |
| Signature of Treasurer Title | | | | te (mm/dd/yy) | |
| Jenny Linauchi A Treasurer | | 01/07/2022 Date (mm/dd/yy) | | | |
| Signature of Candidate (if applicable) | | | (yy) 1022 | | |
| WARNING Any information contained in this report may not be copied for sale or used for any commercial purpose //C 3-9.4-51 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) | | | | | |