



**REPORT OF RECEIPTS AND EXPENDITURES  
A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

OF

**(CFA-4)  
Summary Sheet**

|   |
|---|
| <b>FILE NUMBER</b>                        |
|   |
| <b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b> |
| 2   |

**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

**COMMITTEE INFORMATION**

|   |  |
|---|--|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name.<br>Hathaway for School Board                      |  |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br>260 1637-6879 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br>12014 Thornapple Ct |  |
| 5. City, State, ZIP Code<br>Ft. Wayne, IN 46845   | 6. Party Affiliation (if applicable)           |

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

|  |  |
|--|--|
| 7. Full Name of Candidate (Include any nickname.)<br>Elizabeth Hathaway  | 8. Party Affiliation or If Independent Candidate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Northwest Allen County School Board - Member at Large | 10. County of Residence<br>Allen                 |

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

|   |   |
|---|---|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---|---|

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: 10/15/22 Through: 12/31/22        | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 216.58                         |                                 |
| 14. Cash on hand and investments January 1, current year.                   |                                | 0                               |

**CONTRIBUTIONS AND RECEIPTS**

|  |        |         |
|--|--------|---------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> |        |         |
| 15a. Itemized (Use Schedule A.)  | 0      | 1463.00 |
| 15b. Unitemized  | 0      |         |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>  | 0      | 1463.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>                  | 216.58 | 1463.00 |

**EXPENDITURES**

|   |        |         |
|---|--------|---------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>  |        |         |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | 216.58 | 1463.00 |
| 17b. Unitemized   |        |         |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | 216.58 | 1463.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 0      | 0       |
| 19. Debts OWED BY the committee (Use Schedule D.)   | 0      |         |
| 20. Debts OWED TO the committee (Use Schedule E.)   | 0      |         |

**CERTIFICATION**

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

|  |                    |                             |
|--|--------------------|-----------------------------|
| Signature of Treasurer<br>Elizabeth Hathaway                 | Title<br>Treasurer | Date (mm/dd/yy)<br>01/07/23 |
| Signature of Candidate (if applicable)<br>Elizabeth Hathaway |                    | Date (mm/dd/yy)<br>01/07/23 |

FOR OFFICE USE ONLY

FILED ELECTION BOARD  
23 JAN 10 AM 10:40

**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)



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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

State  
Indiana

**(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.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|--|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |  |                                   |  |   |
| Code <u>A</u><br>Friends to Elect Kristi Schletter<br>for NACS School Board<br>5505 O'Day Rd.<br>Ft Wayne, In 46818     | Cand. date<br><br>NACS School Board  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Donation for<br>Campaign signs | 216.58                            | 146300                                 | 11/1/22                                     |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |  | \$ 216.58                         |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |  | \$ 216.58                         |  |   |