

INSTRUCTIONS: Please take a good look at each instruction in completing this form, and indicate on the reverse side

IS THIS AN AMENDMENT? Yes No

CANDIDATE INFORMATION

1. Full Name of Candidate (Last or Surname only) SUE WAINSBOROUGH (Check if this is a new name)
 2. Address or Addressed Name of Candidate SCHOOL BOARD (Check if this is a new address)
 3. Committee Telephone Number (812) 927-2400
 4. Mailing Address (Address where all campaign finance correspondence is received) 400 W FAIRWAY LN
 5. City, State, ZIP Code BLAINSTON, IN 47405
 6. Party Affiliation (if applicable)
 7. Put Name of Candidate (Include any initials)
 8. Party Affiliation of Independent Candidate
 9. Office sought (include district number, if not required for exploratory committee) SCHOOL BOARD
 10. County of Residence MONROE
 11. Check one:
 Pre-Primary Pre-Election Election Nomination Other END OF CAMPAIGN
 Pre-Disaster Committee (see IC 3-9-4-16 and 3-9-4-17) Campaign Treasurer (see IC 3-9-4-16 and 3-9-4-17)
 12. Reporting Period (month/year)
 From: 10-3-20 Through: 12-31-20
 13. Cash on hand and investments at the beginning of this reporting period 0
 14. Cash on hand and investments January 1, current year 0

CONTRIBUTIONS AND RECEIPTS

(Note: These amounts exclude in-kind contributions and loans, as well as cash contributions.)
 15a. Itemized (Use Schedule A) 0
 15b. Unitemized 0
 15c. Add lines 15a and 15b in both columns 0
 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B 0
 SUBTOTAL 0
 TOTAL 0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)
 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 0
 17b. Unitemized 0
 17c. Add lines 17a and 17b in both columns 0
 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 0
 19. Debts OWED BY the committee (Use Schedule D.) 0
 20. Debts OWED TO the committee (Use Schedule E.) 0
 SUBTOTAL 0
 TOTAL 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 _____ Title _____ Date (mm/dd/yy) _____
 Signature of Candidate (if applicable) _____ Date (mm/dd/yy) 12-29-20

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) 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

FILED

JAN 20 2021
CLERK MONROE CIRCUIT COURT
JAN 20 2021 AM 11