**REPORT OF RECEIPTS AND EXPENDITURES**  
**OF A POLITICAL COMMITTEE**  
State Form 4506 (R13/11-05)  
Indiana Election Commission (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

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**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  
   [Vere For School Board]

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
   (317) 828 2910

4. Mailing Address (address where all campaign finance correspondence is received)  
   6815 Canberra Circle

5. City, State, ZIP Code  
   Indianapolis IN 46220

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

7. Full Name of Candidate (include any nickname)  
   Kathy Vere

8. Party Affiliation (if applicable)

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
   [Blank]

10. County of Residence  
    Marion

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**TYPE OF REPORT**

11. Check one:  
    □ Pre-Primary □ Pre-Election □ Annual □ Nomination □ Other

   [Final/Debates Committee (lines 18, 19, and 20 must be 'V') □ Outgoing Treasurer (within 10 days amend Statement of Organization)]

12. Reporting Period:

   From: **11/1/2014**  
   Through: **12/31/2014**

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**CONVENTION CANDIDATES ONLY**

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

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**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)  

15b. Unitemized  

15c. Add lines 15a and 15b in both columns  
    SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  
    TOTAL

**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  
    SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)  
    TOTAL

19. Debts OWED BY the committee (use Schedule D)  

20. Debts OWED TO the committee (use Schedule E)

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**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  
[Blank]  
Title: Chairperson/Treasurer  
Date: 1/1/2015

Signature of Candidate (if applicable)  
[Blank]  
Date: 1/1/2015

**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 statement commits a Class D felony. If a person who files in this manner commits or promotes a report or report as required by the Indiana Election Commission.

**FOR OFFICE USE ONLY**

[Signature]  
Date: 1/15/2015

[Signature]  
Date: 1/15/2015

**FILED**  
JAN 20 2015