



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

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**

FILE NUMBER

84-15-2-I

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name Committee to Elect Sarah Dillon for City Council	
2. Acronym or Abbreviated Name (if any) Dillon 2 City Council Committee	3. Committee Telephone Number (812)239-2489
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address PO Box 9383	
5. City, State, ZIP Code Terre Haute, IN 47808	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Sarah Elizabeth Dillon	8. Party Affiliation or If Independent Candidate Independent
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Terre Haute City Council, District 2	10. County of Residence Vigo

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: ☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____ ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: ☐ Pre-Convention ☐ Post-Convention
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12. Reporting Period: From: July 25, 2015 Through: October 9, 2015	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	100.00	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)	SEB	150.00	250.00
15b. Unitemized		0	0
15c. Add lines 15a and 15b in both columns	SUBTOTAL	150.00	250.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	250.00	250.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	SEB	178.15	178.15
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	178.15	178.15
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	71.85	71.85
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 Sarah Dillon	Title Treasurer	Date 10/13/2015
Signature of Candidate (if applicable) Sarah Dillon		Date 10/13/2015

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 report commits a Class D 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)

FOR OFFICE USE ONLY

FILED

VIGO COUNTY SUPERIOR COURT

OCT 14 2015

David R. Crockett
CLERK

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OF A POLITICAL COMMITTEE**

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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 (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	Contributions: ☐ Direct ☒ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
Contributor's Occupation (if required) _____				
2. Sarah Dillon 544 Frontier Ct. Terre Haute, IN 47803	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	100.00	100.00	9/1/15 SED
Contributor's Occupation (if required) _____				
3. Reuben Lidster 705 S. Romans Ct. Bloomington, IN 47407	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	50.00	50.00	10/7/15 SED
Contributor's Occupation (if required) _____				
4.	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
Contributor's Occupation (if required) _____				
5.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
Contributor's Occupation (if required) _____				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$150.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)				



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(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.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Woodburn Graphics PO Box 490 / 25 S. 6 th St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: <u>flyers</u> and <u>brochures</u>	25.16	25.16	8-14-15
Code <u>O</u> First Financial Bank PO Box 2122 Terre Haute, IN 47802		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____ Checks	27.75	27.75	9-1-15
Code <u>A</u> Vistaprint Netherland BV PO Box 842882 Boston, MA 02284		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____ Business cards	19.98	19.98	9-6-15
Code <u>A</u> Graphic Fx 1130 Walnut St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: <u>campaign buttons</u>	80.25	80.25	10-1-15
Code <u>A</u> Indiana State University Terre Haute, IN 47809		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: <u>Homecoming parade entry</u>	25.00	25.00	9-4-15
Code _____		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____ Parade sign			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$178.15		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$178.15		