



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

FILE NUMBER

84-15-2-1

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

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)

☐ 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

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)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: October 10, 2015

Through: December 31, 2015

COLUMN A
This PeriodCOLUMN B
Year to Date

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

71.85

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)

SEF

430.00

680.00

15b. Unitemized

5.00

5.00

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

SUBTOTAL

435.00

685.00

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

TOTAL

506.85

685.00

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

SEF

389.35

567.50

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

389.35

567.50

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

TOTAL

117.50

117.50

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

Title

Date

VIGO

Signature of Candidate (if applicable)

Treasurer

11/14/2015

Signature of Candidate (if applicable)

Date

11/14/2015

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

COUNTY SUPERIOR COURT

NOV 16 2015

David R. Crockett
CLERK

**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 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.

FILE NUMBER

84-15-2-I

Page 1 of 2

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) typesetter			
	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) Contributor's Occupation (if required)			
	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) Contributor's Occupation (if required)			
4. Sarah Dillon 544 Frontier Ct. Terre Haute, IN 47803 Contributor's Occupation (if required) typesetter	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	200.00	400.00	10/15/15 SED
5. Ralph Leck 725 Maple Ave. Terre Haute, IN 47807 Contributor's Occupation (if required)	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	10.00	10.00	10/24/15 SED
SUBTOTAL THIS PAGE OF SCHEDULE A		\$210.00		
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 A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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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
1. Bonnie Kramer 2146 Market St. Friendship, WI 53934 Contributor's Occupation (if required) <u>registered nurse</u>	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	100.00	100.00	10/29/15 SED
2. Sarah Dillon 544 Frontier Ct. Terre Haute, IN 47803 Contributor's Occupation (if required) <u>typesetter</u>	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	120.00	520.00	10/26/15 SED
3. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
4. Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
5. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$220.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$430.00		

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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>		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: flyers and brochures			
Code <u>O</u>		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____			
Code <u>A</u>		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____ Checks			
Code <u>A</u>		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____ Business cards			
Code <u>A</u>		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: campaign buttons			
Code <u>A</u>		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Homecoming parade entry			
Code <u>A</u> Big Picture 608 N. 13 th St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: yard signs	211.33	211.33	10-15-15
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: flyers and brochures	15.39	40.55	10-21-15
SUBTOTAL THIS PAGE OF SCHEDULE B			226.72		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> Terre Haute Tribune-Star 222 S. 7 th St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Campaign ad [3 days]	153.00	153.00	10/20/15
Code <u>A</u> Big Picture 608 N. 13 th St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Slim jim brochures	9.63	220.96	10/30/15
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$162.63		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			389.35		