



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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) Craig Dellinger for City Council | | <input type="checkbox"/> Check if this is a new name. |
| 2. Acronym or Abbreviated Name (if any) | | 3. Committee Telephone Number (260) 460-7161 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 3716 Scarborough Drive | | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code New Haven, Indiana 46774 | | 6. Party Affiliation (if applicable) Republican |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|--|
| 7. Full Name of Candidate (Include any nickname.) Craig Dellinger for City Council | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) New Haven City Council - District 3 | 10. County of Residence Allen |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <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: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| | | |
|--|--------------------------------|---------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 01/01/2023 Through: 12/31/2023 | COLUMN A This Period | COLUMN B Year to Date |
|--|--------------------------------|---------------------------------|

| | | |
|---|------|------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 0.00 | |
| 14. Cash on hand and investments January 1, current year. | | 0.00 |

CONTRIBUTIONS AND RECEIPTS

| | | |
|---|--------|--------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
| 15a. Itemized (Use Schedule A.) | 488.25 | 488.25 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 488.25 | 488.25 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 488.25 | 488.25 |

EXPENDITURES

| | | |
|---|--------|--------|
| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 488.25 | 488.25 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 488.25 | 488.25 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 0.00 | 0.00 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 0.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0.00 | |

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 <i>Craig Dellinger</i> | Title Treasurer | Date (mm/dd/yy) 01/02/2024 |
| Signature of Candidate (if applicable) <i>Craig Dellinger</i> | | Date (mm/dd/yy) 01/02/2024 |

FOR OFFICE USE ONLY

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)



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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.

| FILE NUMBER | |
|---------------------------|--|
| | |
| Page <u>2</u> of <u>3</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|--|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Craig Dellinger 3716 Scarborough Drive New Haven, IN 46774 Contributor's Occupation <i>(if required)</i> <u>Printer</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous <i>(specify)</i> <u>payment for printing</u> | \$488.25 | \$488.25 | 10/23/2023 Craig Dellinger |
| 2. Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 3. Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 4. Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 5. Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 488.25 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 488.25 | | |



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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.

| FILE NUMBER |
|---------------------------|
| |
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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ New Haven Print 7531 State Road 930E Fort Wayne, IN 46803 | NH City Council 3rd | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printing /postage of postcard. | \$488.25 | \$488.25 | 10/23/23 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 488.25 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 488.25 | | |