



**Campaign Finance Section
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

FULL ORGANIZATION NAME:	Citizens for a New Delaware Way 3rd Party Advertiser		
ACCOUNT NUMBER :	04006103	DATE OF THIS REPORT :	08/30/2024
REPORTING PERIOD START :	08/30/2024	REPORTING PERIOD END :	08/30/2024
OFFICE SOUGHT :			

CHECK THE BOX THAT APPLIES TO THIS REPORT :

PRIMARY ELECTION	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY	OTHER ELECTION	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
GENERAL ELECTION	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY	SPECIAL ELECTION	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
	<input type="checkbox"/> YEAR END				

THIRD-PARTY ADVERTISERS ☒

FINAL ORGANIZATION CLOSING :	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
AMENDMENT :	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

CLOSING DATE : _____

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Timothy Holland

TREASURER SIGNATURE

DATE

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Campaign Finance

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STATEMENT OF ACCOUNT BALANCE

ACCOUNT NUMBER :	<u>04006103</u>	REPORTING PERIOD :	<u>08/30/2024</u>	<u>08/30/2024</u>
		FROM		TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				<u>\$0.00</u>
2. RECEIPTS :				
A. SCHEDULE A - TOTAL RECEIPTS				<u>\$220,957.20</u>
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				<u>N/A</u>
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED AND DEBTS INCURRED				<u>N/A</u>
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				<u>N/A</u>
E. SUBTOTAL (Total of A,B,C,D)				<u>\$220,957.20</u>
3. EXPENDITURES :				
F. SCHEDULE B - TOTAL EXPENDITURES				<u>\$220,957.20</u>
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				<u>N/A</u>
H. SCHEDULE D-2 - LOAN AND DEBT PAYMENTS				<u>N/A</u>
I. SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES				<u>N/A</u>
J. SUBTOTAL (Total of F,G,H,I)				<u>\$220,957.20</u>
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				<u>\$0.00</u>
5. VALUE OF NON-CASH ASSETS (From Schedule F)				<u>N/A</u>
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				<u>N/A</u>
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				<u>N/A</u>

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SCHEDULE A - TOTAL RECEIPTS

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS :

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
08/30/2024	Citizens for a New Delaware Way	2339 Charleston Park Dr, North Port, Florida, 34287	\$220,957.20	\$220,957.20
TOTAL ITEMIZED RECEIPTS				\$220,957.20
TOTAL OF CONTRIBUTIONS NOT EXCEEDING \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$220,957.20

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SCHEDULE B - TOTAL EXPENDITURES

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES :

Date Expended	Payee Name	Payee Mailing Address	Vendor	Aggregate Amount	Amount Expended
08/30/2024	Tusk Strategies	251 Park Ave So, New York, New York, 10010		\$220,957.20	\$220,957.20
TOTAL ITEMIZED EXPENDITURES					\$220,957.20
TOTAL OF EXPENDITURES NOT EXCEEDING \$100					\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)					\$220,957.20

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SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS :

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				\$0.00
TOTAL OF IN-KIND CONTRIBUTIONS NOT EXCEEDING \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				\$0.00

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SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES :

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Person or Activity Name	Person or Activity Location or Mailing Address	Vendor	Description of Expenditure	Est. Amount Expended
TOTAL ITEMIZED IN-KIND EXPENDITURES					\$0.00
TOTAL OF IN-KIND EXPENDITURES NOT EXCEEDING \$100					\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)					\$0.00

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SCHEDULE D-1 - TOTAL LOANS RECEIVED AND DEBTS INCURRED

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50 :

Transaction Id	Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)						\$0.00

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SCHEDULE D-2 - TOTAL LOANS AND DEBTS OUTSTANDING

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50 :

Transaction Id	Date Received	Lender	Endorser	Description	Int Rate	Previous Loan Balance	Payments Made	Balance
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)						\$0.00	\$0.00	\$0.00

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SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)				\$0.00	\$0.00

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3L.)				\$0.00	\$0.00

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SCHEDULE F - NON-CASH ASSETS

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/24 08/30/2024
FROM TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			\$0.00

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SCHEDULE G - ELIMINATION OF ASSETS

ACCOUNT NUMBER : 04006103 REPORTING PERIOD : 08/30/2024 08/30/2024
FROM TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value of Asset
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			\$0.00

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