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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

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) Check if this is a new name
Dan Rieke for FC Township board

2. Acronym or Abbreviated Name (if any) _____

3. Committee Telephone Number
(317) 594-9049

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
10425 Collingswood Lane

5. City, State, ZIP Code
Fishers, IN 46037

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Danny Joe Rieke

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Fall Creek Township board

10. County of Residence
Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: **DR 10/3/10**
 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

| 12. Reporting Period: | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| From: 4/10/10 Through: 10/8/10 | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | 0 |
| 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.)

| | COLUMN A | COLUMN B |
|---|-----------------|-----------------|
| 15a. Itemized (use Schedule A) | \$631.01 | \$631.01 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns | \$631.01 | \$631.01 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | \$631.01 | \$631.01 |

EXPENDITURES

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

| | COLUMN A | COLUMN B |
|---|-----------------|-----------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | \$631.01 | \$631.01 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns | \$631.01 | \$631.01 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 0 | 0 |
| 19. Debts OWED BY the committee (use Schedule D) | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0 | |

CERTIFICATION

FOR OFFICE USE ONLY

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 Treasurer | Date 10/3/10 |
| Signature of Clerk | | Date 10/3/10 |

WARNING: Any person who files a fraudulent Campaign Finance Report commits a Class B misdemeanor. (IC 3-9-4-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

2010 OCT -4 PM 12:02
FILED



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OF A POLITICAL COMMITTEE**
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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

Page 1 of 1

| 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 |
|--|---|-----------------------------------|--|------------------|
| | | | | RECEIVED BY |
| 1. Dan Rieck, Operations Mgr. 10425 Collingswood Lane Fishers, IN 46037 Contributor's Occupation (if required) <u>Operations Mgr.</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$631 ⁰¹ | \$631 ⁰¹ | 4/26/10 |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 631 ⁰¹ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ 631 ⁰¹ | | |



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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 |
| |
| Page <u>1</u> of <u>1</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small> | RECIPIENT'S OCCUPATION <small>OFFICE SOUGHT (if applicable)</small> | 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> Premium Graphicx 5512 Mitchell dale Houston, TX 77092 | N/A N/A | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$631.01 | \$631.01 | 4/26/10 |
| 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 | | | \$ 631.01 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small> | | | \$ 631.01 | | |