



# 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

**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) <input type="checkbox"/> Check if this is a new name <b>ROBIN DOVE-RILEY COMMITTEE</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(260) 338-0319</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>1315 SILICA CT.</b>	
5. City, State, ZIP Code <b>FORT WAYNE, IN 46845</b>	6. Party Affiliation (if applicable) <b>REPUBLICAN</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>ROBIN DOVE-RILEY</b>	8. Party Affiliation or If Independent Candidate <b>REPUBLICAN</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>CLERK-TREASURER (HOUTERTOWN)</b>	10. County of Residence <b>ALLEN</b>

### 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 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>APRIL 10, 2010</b> Through: <b>DECEMBER 31, 2010</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		<b>0.00</b>

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)	<b>\$378.23</b>	
15b. Unitemized	<b>0.00</b>	
15c. Add lines 15a and 15b in both columns	<b>\$378.23</b>	
<b>SUBTOTAL</b>	<b>\$378.23</b>	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>\$378.23</b>	
<b>TOTAL</b>	<b>\$378.23</b>	

### EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>\$378.23</b>	
17b. Unitemized	<b>0.00</b>	
17c. Add lines 17a and 17b in both columns	<b>\$378.23</b>	
<b>SUBTOTAL</b>	<b>\$378.23</b>	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>0.00</b>	
<b>TOTAL</b>	<b>0.00</b>	
19. Debts OWED BY the committee (use Schedule D)	<b>0.00</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>0.00</b>	

### 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 <b>Robin Dove-Riley</b>	Title <b>Outgoing Club Treasurer</b>	Date <b>1-2-11</b>
Signature of Candidate (if applicable) <b>Robin Dove-Riley</b>		Date <b>1-2-11</b>

**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  
NOV 9 2011  
ELECTION BOARD



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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 \_\_\_\_\_ of \_\_\_\_\_

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. ROBIN DOVE-RILEY 1315 SILICA CT. FORT WAYNE, IN 46845  Contributor's Occupation (if required) <u>CLERK-TREASURER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$378.23		APRIL 23, 2010  ROBIN DOVE- RILEY
2.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> 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) <hr/> 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) <hr/> 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) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 378.23</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$ 378.23</b>		



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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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Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT, if applicable.</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u>	POSTMASTER (STAMPS)	<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:	\$176.00	\$176.00	4/12/10
Code <u>A</u>	CUSTOM POLY (SIGNS)	<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:	\$202.23	\$202.23	4-23-10
Code <u>A</u>	NEW HAVEN PRINT (BROCHURES)	<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:		\$251.65	3/31/10
Code <u>A</u>	WAL-MART (LABELS)	<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:		\$4.72	3/26/10
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:			

**SUBTOTAL THIS PAGE OF SCHEDULE B** \$ 378.23

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY**  
(Enter total on ITEM 17a of the Summary Sheet)

\$

**Custom Poly Packaging**  
3216 Congressional Parkway  
Fort Wayne, IN 46808  
Phone: 260-483-4008  
Fax: 260-484-5166

PAID 4-23-10

**Invoice**

Sold Robin Riley  
To: 15008 Windwood Ct  
Huntertown, IN 46748  
United States

Ship Robin Riley  
To: 15008 Windwood Ct  
Huntertown, IN 46748  
United States

Invoice Number:	13982	Salesman:	CUSTOM POLY
Invoice Date:	04/20/10	Terms:	Cash On Delivery
Customer:	RILEY	Packing List:	13982
Order No:	13738	PO Number:	Verbal Robin

<u>Item</u>	<u>Quantity</u>	<u>Description</u>	<u>Revision</u>	<u>Unit Price</u>	<u>Amount</u>	
1	50	CSP1824.04C1S2 - Corrugated plastic sign 18 tall x 24 wide .04 1 color, 2 sides		\$3.2400 / EA	\$162.00	
2	100	BEEFY STAKES - Beefy Stakes .27 each (.54 per pair) Need 2 per sign for 18 x 24		\$0.2700 / EA	\$27.00	
					<b>Sub-total:</b>	<b>\$189.00</b>
					<b>Sales Tax:</b>	<b>\$13.23</b>
					<b>Shipped Via BEST WAY:</b>	<b>\$0.00</b>
					<b>Invoice Total:</b>	<b>\$202.23</b>
					<b>Paid To Date:</b>	<b>\$0.00</b>
					<b>Balance Due:</b>	<b>\$202.23</b>

Custom Poly Packaging provides you with CUSTOM products designed to fit your particular needs. Does your company need wicketed, printed bags? Your sales representative is ready to answer your packaging questions. Call toll free 800-548-6603 or visit us at [custompoly.com](http://custompoly.com) today!

Please store all products properly to avoid damage.

NO CHANGES can be made to this invoice without prior approval. There will be a \$25.00 fee for all returned checks. Fees paid by Custom Poly Packaging to collect on delinquent accounts will be billed and require reimbursement from the customer.

HUNTERTOWN MPO  
HUNTERTOWN, Indiana  
467489998

1740350748-0098

04/12/2010 (260)637-6814 12:05:00 PM

Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
44c U.S. Flag PSA C1/100	4 \$44.00	\$176.00
Total:		\$176.00

Paid by:  
Discover \$176.00  
Account #: XXXXXXXXXXXX3240  
Approval #: 012706  
Transaction #: 693  
239030954611602870329

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Clerk:02

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Refunds for guaranteed services only  
Thank you for your business  
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