REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4565 (R13/11-05)
Indiana Election Commission (IC 3-8.5-14)

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
Traci Lipp for Wayne Township

2. Acronym or Abbreviated Name (If any)

3. Committee Telephone Number
(317) 502-1507

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
2721 Vineyard Drive
Indianapolis, IN 46224

5. City, State, ZIP Code
Democratic

6. Party Affiliation (If applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only.)

7. Full Name of Candidate (Include any nickname)
Traci Lynn Lipp

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Wayne Township Legislative Advisory Board, District 5

10. County of Residence
Marion

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Debates Committee (less 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days after Statement of Organization)

12. Reporting Period:
From: 1/1/2014 Through: 12/31/2014

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A)
0 0

15b. Unitemized
0 0

15c. Add lines 15a and 15b in both columns
SUBTOTAL 0 0

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
TOTAL 529.73 529.73

EXPENDITURES

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

17a. Itemized (Use Schedule B) (Public Question. Use Schedule C)
0 0

17b. Unitemized
0 0

17c. Add lines 17a and 17b in both columns
SUBTOTAL 0 0

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)
TOTAL 529.73 529.73

19. Debts OWED BY the committee (Use Schedule D)
0 0

20. Debts OWED TO the committee (Use Schedule E)
0 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
Traci Lipp
Title Candidate
Date 1/21/15

Signature of Candidate (If applicable)
Traci Lipp
Date 1/21/15

FOR OFFICE USE ONLY

FILED
JAN 21 2015

Received Time Jan. 21, 2015 10:39AM No. 7765

Myra A. Eldridge
104 2 AM 9
To: MCEB
Company: Marion City Election Board
Fax number: 317.327.4815
Date: 1/21/15
Job number: N.A.

From: Traci Lupp
Phone number: 317.502.1507
Fax number:
Total pages: 2

2014 Annual Report CFA-4
One pg. Summary sheet (no activity)