

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

SECRETARY OF THE SENATE  
10 OCT 14 AM 10:49

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Committee to Elect Dan LaBotz

ADDRESS (number and street)

3327 Bishop Street

(Check if address  
is changed)

Cincinnati

OH

45220

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

rdyck@capital.edu

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.danlabotz.com

2. DATE

04 / 15 / 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Reginald Dyck

Signature of Treasurer

Reginald Dyck

Date

10 / 08 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

10020681785

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Daniel H. LaBotz

Candidate Party Affiliation SOC Office Sought:  House  Senate  President State ST  
 District     

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a STA (National, State or subordinate) committee of the SOC (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

# Committee to Elect Dan LaBotz

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**


Mailing Address


CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Treasurer

Mailing Address


Title or Position

CITY

STATE

ZIP CODE

--

Telephone number

--

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Reginald Dyck

Mailing Address

3327 Bishop Street

Cincinnati

CITY

OH

STATE

45220

ZIP CODE

Title or Position

Treasurer

Telephone number

614	-	251	-	0216
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10020581787

Time or onice at usps.com/printpost

Print postage online - Go to usps.com/posti

PLEA 1007



CINCINNATI, OH  
OCT 06 10  
AMOUNT  
\$18.30  
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Label 1-B, March 2004

PRESS HARD. YOU ARE MAKING 3 COPIES.

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code: 45219

Date Accepted: 10/06/10

Mo. Day Year: 10 06 10

Time Accepted:  AM  PM

Flat Rate  or Weight lbs. ozs.

Day of Delivery:  Next  2nd  3rd

Scheduled Date of Delivery: 10/06/10

Month Day Year: 10 06 10

Scheduled Time of Delivery:  Noon  3 PM

Military:  2nd Day  3rd Day

Intl Alpha Country Code

Postage: \$10.00

Return Receipt Fee: \$

COD Fee: \$

Insurance Fee: \$

Total Postage & Fees: \$

Acceptance Emp. Initials

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt: 1

Mo. Day Year: 10 06 10

Time:  AM  PM

Employee Signature: [Signature]

Delivery Attempt:  AM  PM

Employee Signature: [Signature]

Mo. Day Year: 10 06 10

Time:  AM  PM

Employee Signature: [Signature]

**CUSTOMER USE ONLY**

NO DELIVERY

Waiver of Signature (Domestic Mail Only)

Additional merchandise insurance is void if customer provides a waiver of signature. I wish delivery to be made by registered mail. Signature of addressee or addressee's agent (if delivery is by registered mail) must be obtained. Signature of addressee or addressee's agent (if delivery is by registered mail) must be obtained. Signature of addressee or addressee's agent (if delivery is by registered mail) must be obtained. Signature of addressee or addressee's agent (if delivery is by registered mail) must be obtained.

**FROM: (PLEASE PRINT)**

PHONE ( ) - -

Address: [Handwritten]

**TO: (PLEASE PRINT)**

PHONE ( ) - -

Address: [Handwritten]

**FOR PICKUP OR TRACKING**

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

Address: [Handwritten]



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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 10-09-10  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-14-10

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