## 13031101246

## STATEMENT OF

FORM 1	ORGANIZ	ATION		RECEIVE 2011/2011/2011/2011/2011/2011/2011/2011
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEC MAIL CENTER
Shelli Yoder f	or Congress			1311314
Proceedings.		5	* 1 * * 3 1	3 6 9 5 5 7 5 7 5 7
ADDRESS (number and street)	4825 E. She	ffield Dr.	11111	
(Check if address				47400 0407
is changed).	Bloomington			47408   3137
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e	-mail address)		•
_	joshperry@r	·	1 1 1 1 1 1	1
(Check if address is changed)		1 1 1 1 1 1 1 1 1	ı i l i i	12111111
COMMITTEE'S WEB PAGE		prçongress,cor	η ,	
(Check if address is changed)	<u>tiiitiir</u>			<u> </u>
2. DATE 07	15 ′ 2013 ′	•		
3. FEC IDENTIFICATION	NUMBER C 0	0513457		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the bes	t of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treas	<sub>urer</sub> Joshua E. F	Perry		
Signature of Treasurer	John E.	Denny	Date 07	′ 15 ′ 2013 ′
NOTE: Submission of false, en	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		the penalties of 2 U.S.C. §437g.
Office Use		For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.		OMMITTEE I <b>Committee</b> :	
	(a)	$\boxtimes$	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 Cand		Shelli Yoder
	Cand Party	lidate Affiliatio	on DEM Office Sought: House Senate President District 09
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cand		
	Part	y Con	nmittee:
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Poli	tical A	ction 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 contentine is a Leadership PAC. (Identify sponsor on line 6.)
	Join	t Fund	Iraising 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 dI 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C
		3.	FEC ID number C
		4.	FEC ID number C

Write or Type Committee	Name	
	for Congress	
<del></del>	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo	onsor
-		
	<u> </u>	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address		1   1
•		1   1
		<u></u>
	CITY STATE ZIP CODE	اسنسند
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	> Sponsor
	s: Identify by name, address (phone number optional) and position of the person in possession of c	:ommittee
books and records.		
Full Name JO	shua E. Perry	1
-	4825 E. Sheffield Dr.	1
Mailing Address	7526	<del></del>
	Planington	127
	Bloomington IN 47408 - 3	137
Title or Position	CITY STATE ZIP CODE	
Δeeietant Ca	amnaign Manager	۱ ۵۵۵
Assistant Ca	ampaign Manager   Telephone number   812   - 272   - 8	DZZ  .
8. Treasurer: List the nam	me and address (phone number - optional) of the treasurer of the committee; and the name and add	ross of
	(e.g., assistant treasurer).	1033 01
Full Name ,	shua E. Perry	,
of Treasurer		للنا
Mailing Address	4625 E. Sheffield Dr.	لب
		لىب
•	Bloomington IN 147408, 1-13	137
	CITY STATE ZIP CODE	
Title or Position	Telephone number [812] - [272] - [8	822 . ı
1 - 1 - 1 - 1 - 1 - 1 - 1	Telephone number 012 - 272 - 0	استسا

Full Name of Designated	ah,Ryterband				
Agent Carlo	[704 W., 3rd, St.				
	<u> </u>		<u> </u>		
	Bloomington cmy	STATE	2IP CODE		
Title or Position  Assistant, treas	U <b>rer</b> , Telephone	number [812	2,		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
¡IŲ Credit Union					
Mailing Address	[P.O.,Box 368, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1			
		11111			
	Bloomington	<u>IN</u>	47402   10368		
	CITY	STATE	ZIP CODE		
Name of Bank, Deposito	ry, etc.	· · · · · · · · · · · · · · · · · · ·			
Mailing Address			· · · · · · · · · · · · · · · · · · ·		
		<del>1   1   1   1</del>			
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	CITY	STATE	ZIP CODE		

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