

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Straw for Congress

ADDRESS (number and street)

64711 Apple Ridge Rd

Check if different than previously reported. (ACC)

Goshen

IN

46526

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00496299

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2011

through

06

30

2011

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

Type or Print Name of Treasurer

Mr. Andrew U D Straw

Signature of Treasurer

Electronically Filed by Mr. Andrew U D Straw

Date

07

28

2011

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Straw for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 6777.79                 | 6802.13                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 6777.79                 | 6802.13                            |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 6462.84                 | 6487.18                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 6462.84                 | 6487.18                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 314.95                  |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Straw for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| <b>I. RECEIPTS</b>   | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|--|--------------------------------------|---|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                      |   |
| (a) Individuals/Persons Other Than Political Committees  | 250.00                               | 250.00                                    |
| (i) Itemized (use Schedule A).....   | 723.13                               | 723.13                                    |
| (ii) Unitemized.....   | 973.13                               | 973.13                                    |
| (iii) TOTAL of contributions from individuals..... ▶   | 0.00                                 | 0.00                                      |
| (b) Political Party Committees.....  | 0.00                                 | 0.00                                      |
| (c) Other Political Committees (such as PACS).....   | 5804.66                              | 5829.00                                   |
| (d) The Candidate.....   | 6777.79                              | 6802.13                                   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                       |                                      |   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>   | 0.00                                 | 0.00                                      |
| <b>13. LOANS</b>   |                                      |   |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                 | 0.00                                      |
| (b) All Other Loans.....   | 0.00                                 | 0.00                                      |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                 | 0.00                                      |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>                                 | 0.00                                 | 0.00                                      |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 0.00                                 | 0.00                                      |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 6777.79                              | 6802.13                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 6462.84                               | 6487.18                                    |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 0.00                                  | 0.00                                       |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 6462.84                               | 6487.18                                    |

**III. CASH SUMMARY**

|   |         |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00    |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 6777.79 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 6777.79 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 6462.84 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 314.95  |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 58</span> |                              |
|   | (check only one)  |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b                                    | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a                                    | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14                                     | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |  |                                    |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|------------------------------------|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Alfred C. Aman, Jr. |                                    | Date of Receipt   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 714 S. Fess Ave.                               |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> |                                    | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 9 |  | 2 | 0 | 1 | 1 |
|   | M  | M                                  | /   | D                                  | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 6                                  |   | 1                                  | 9 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City   | State                              | Zip Code  | <b>Transaction ID:</b> SA11AI.4129 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Bloomington  | IN                                 | 47401   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |  | C                                  | 250.00  |                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Indiana University  |  | Occupation<br>Law Professor        |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For: 2011<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>250.00 |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 250.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 54.16

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4260

Amount of Each Receipt this Period  
29.82

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 89.16

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4262

Amount of Each Receipt this Period  
35.00

In-kind - 3rd district dinner

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 119.16

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4264

Amount of Each Receipt this Period  
30.00

In-kind - ads

**SUBTOTAL** of Receipts This Page (optional) ..... ► **94.82**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

**Transaction ID:** SA11D.4266

Amount of Each Receipt this Period  
56.77

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

**Transaction ID:** SA11D.4268

Amount of Each Receipt this Period  
18.25

In-kind - food

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

**Transaction ID:** SA11D.4270

Amount of Each Receipt this Period  
10.00

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.02**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.77

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4272

Amount of Each Receipt this Period  
6.59

In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 218.27

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4274

Amount of Each Receipt this Period  
7.50

In-kind - food -- meeting with students

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 241.66

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4276

Amount of Each Receipt this Period  
23.39

In-kind - ads

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.48**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 1

**Transaction ID:** SA11D.4278

Amount of Each Receipt this Period  
49.25

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

**Transaction ID:** SA11D.4164

Amount of Each Receipt this Period  
49.98

In-kind - USPS

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

**Transaction ID:** SA11D.4166

Amount of Each Receipt this Period  
20.00

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.23**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58

(check only one)

|                              |                              |                              |   |                             |                              |                              |                             |                             |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 386.59

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11D.4280

Amount of Each Receipt this Period

25.70

In-kind - ads

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 395.85

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11D.4168

Amount of Each Receipt this Period

9.26

In-kind - fuel

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 403.13

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11D.4282

Amount of Each Receipt this Period

7.28

In-kind - Internet services

**SUBTOTAL** of Receipts This Page (optional) .....

42.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

**Transaction ID:** SA11D.4170

Amount of Each Receipt this Period  
3.80

In-kind - coffee

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

**Transaction ID:** SA11D.4172

Amount of Each Receipt this Period  
6.95

In-kind - newspaper online research

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

**Transaction ID:** SA11D.4284

Amount of Each Receipt this Period  
2.65

In-kind - Internet services

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13.40**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

**Transaction ID:** SA11D.4286

Amount of Each Receipt this Period  
15.34

In-kind - Internet services

431.87

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** SA11D.4174

Amount of Each Receipt this Period  
7.92

In-kind - food

439.79

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

**Transaction ID:** SA11D.4176

Amount of Each Receipt this Period  
59.18

In-kind - fuel

498.97

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82.44**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 1

**Transaction ID:** SA11D.4288

Amount of Each Receipt this Period  
9.97

In-kind - Internet services

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

**Transaction ID:** SA11D.4178

Amount of Each Receipt this Period  
19.38

In-kind - Indiana government research

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

**Transaction ID:** SA11D.4180

Amount of Each Receipt this Period  
35.00

In-kind - 3rd district dinner - guest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **64.35**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 / 58 |
|   | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 8 / 2 0 1 1 |
|           | Mailing Address 64711 Apple Ridge Rd   | <b>Transaction ID:</b> SA11D.4182                               |
|           | City State Zip Code<br>Goshen IN 46526   | Amount of Each Receipt this Period<br>25.95                     |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> H2IN02196   | In-kind - advertising   |
|           | Name of Employer Self Occupation<br>Self Lawyer<br>Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>589.27 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 2 / 2 0 1 1 |
|           | Mailing Address 64711 Apple Ridge Rd   | <b>Transaction ID:</b> SA11D.4184                               |
|           | City State Zip Code<br>Goshen IN 46526   | Amount of Each Receipt this Period<br>4.44                      |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> H2IN02196   | In-kind - USPS certified mail FEC filing, campaign creation     |
|           | Name of Employer Self Occupation<br>Self Lawyer<br>Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>593.71 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 2 / 2 0 1 1 |
|           | Mailing Address 64711 Apple Ridge Rd   | <b>Transaction ID:</b> SA11D.4186                               |
|           | City State Zip Code<br>Goshen IN 46526   | Amount of Each Receipt this Period<br>30.00                     |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> H2IN02196   | In-kind - advertising   |
|           | Name of Employer Self Occupation<br>Self Lawyer<br>Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>623.71 |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 60.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 684.27

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2011

**Transaction ID:** SA11D.4188

Amount of Each Receipt this Period  
60.56

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 691.40

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2011

**Transaction ID:** SA11D.4190

Amount of Each Receipt this Period  
7.13

In-kind - food

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 721.40

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2011

**Transaction ID:** SA11D.4192

Amount of Each Receipt this Period  
30.00

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **97.69**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 727.58

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2011

**Transaction ID:** SA11D.4194

Amount of Each Receipt this Period  
6.18

In-kind - vehicle expense

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 732.59

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2011

**Transaction ID:** SA11D.4196

Amount of Each Receipt this Period  
5.01

In-kind - vehicle expense

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 782.59

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2011

**Transaction ID:** SA11D.4198

Amount of Each Receipt this Period  
50.00

In-kind - Kosciusko JJ Dinner

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.19**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 820.08

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4200

Amount of Each Receipt this Period  
37.49

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 825.40

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 9 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4202

Amount of Each Receipt this Period  
5.32

In-kind - ads

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 843.70

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4204

Amount of Each Receipt this Period  
18.30

In-kind - USPS

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.11**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 58

(check only one)

|                              |                              |                              |   |                             |                              |                              |                             |                             |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 856.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11D.4206

Amount of Each Receipt this Period

13.00

In-kind - SB Tribune sub-  
scription

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 917.68

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11D.4208

Amount of Each Receipt this Period

60.98

In-kind - fuel

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 927.36

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11D.4210

Amount of Each Receipt this Period

9.68

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

83.66

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 931.91

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4212

Amount of Each Receipt this Period  
4.55

In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 934.99

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4214

Amount of Each Receipt this Period  
3.08

In-kind - food

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 970.99

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4216

Amount of Each Receipt this Period  
36.00

In-kind - ads

**SUBTOTAL** of Receipts This Page (optional) ..... ► **43.63**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2011

**Transaction ID:** SA11D.4290

Amount of Each Receipt this Period  
9.99

In-kind - fax services

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 20 / 2011

**Transaction ID:** SA11D.4218

Amount of Each Receipt this Period  
36.00

In-kind - ads

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 23 / 2011

**Transaction ID:** SA11D.4321

Amount of Each Receipt this Period  
2500.00

In-kind - voter database access

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2545.99**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3526.95

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 1

**Transaction ID:** SA11D.4292

Amount of Each Receipt this Period  
9.97

In-kind - Internet services

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3708.95

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 1 1

**Transaction ID:** SA11D.4220

Amount of Each Receipt this Period  
182.00

In-kind - fuel and vehicle equipment

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3894.45

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

**Transaction ID:** SA11D.4222

Amount of Each Receipt this Period  
185.50

In-kind - legal research materials

**SUBTOTAL** of Receipts This Page (optional) ..... ► **377.47**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3900.35

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4224

Amount of Each Receipt this Period  
5.90

In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3946.65

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4294

Amount of Each Receipt this Period  
46.30

In-kind - fuel

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3990.73

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4226

Amount of Each Receipt this Period  
44.08

In-kind - fuel

**SUBTOTAL** of Receipts This Page (optional) ..... ► **96.28**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3997.75

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4228  
 Amount of Each Receipt this Period  
 7.02  
 In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4008.42

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4230  
 Amount of Each Receipt this Period  
 10.67  
 In-kind - food

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4015.44

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 2 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4232  
 Amount of Each Receipt this Period  
 7.02  
 In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **24.71**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4024.36

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4234

Amount of Each Receipt this Period  
8.92

In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4488.51

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4236

Amount of Each Receipt this Period  
464.15

In-kind - lodgings

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4497.02

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4238

Amount of Each Receipt this Period  
8.51

In-kind - toiletries

**SUBTOTAL** of Receipts This Page (optional) ..... ► **481.58**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4500.02

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4240

Amount of Each Receipt this Period  
3.00

In-kind - parking

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4512.29

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4242

Amount of Each Receipt this Period  
12.27

In-kind - food

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4560.22

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4244

Amount of Each Receipt this Period  
47.93

In-kind - fuel

**SUBTOTAL** of Receipts This Page (optional) ..... ► **63.20**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4575.22

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4246

Amount of Each Receipt this Period  
15.00

In-kind - Democratic club dues

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4577.72

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4248

Amount of Each Receipt this Period  
2.50

In-kind - beverage

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5004.64

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4250

Amount of Each Receipt this Period  
426.92

In-kind - telecommunicati-  
on services

**SUBTOTAL** of Receipts This Page (optional) ..... ► **444.42**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5014.63

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4296  
 Amount of Each Receipt this Period  
 9.99  
 In-kind - fax services

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5200.38

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4298  
 Amount of Each Receipt this Period  
 185.75  
 In-kind - printing services

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5216.38

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4252  
 Amount of Each Receipt this Period  
 16.00  
 In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **211.74**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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 11a  11b  11c  11d  
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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5229.38

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4254

Amount of Each Receipt this Period  
13.00

In-kind - food

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5244.38

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4256

Amount of Each Receipt this Period  
15.00

In-kind - Democratic club dues

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5250.98

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

**Transaction ID:** SA11D.4300

Amount of Each Receipt this Period  
6.60

In-kind - Taco Bell food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **34.60**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5450.98

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2011

**Transaction ID:** SA11D.4302

Amount of Each Receipt this Period  
200.00

In-kind - handicap transportation

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5701.09

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2011

**Transaction ID:** SA11D.4304

Amount of Each Receipt this Period  
250.11

In-kind - printing services

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5706.62

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11D.4308

Amount of Each Receipt this Period  
5.53

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **455.64**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5750.61

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 1 1

**Transaction ID:** SA11D.4310

Amount of Each Receipt this Period  
43.99

In-kind - fuel

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

FEC ID number of contributing federal political committee. **C** H2IN02196

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5829.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** SA11D.4312

Amount of Each Receipt this Period  
78.39

In-kind - computer equipm-ent

**SUBTOTAL** of Receipts This Page (optional) ..... ► **122.38**

**TOTAL** This Period (last page this line number only) ..... ► **5804.66**

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|   |  |                              |
|---|--|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                       | PAGE 31 / 58                 |
|   | (check only one)                       |                              |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b           | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d  | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14            | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |  |  |
|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw, Esq.            | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 25 / 2011 |
|   | Mailing Address 64711 Apple Ridge Rd   | <b>Transaction ID:</b> SA13A.4109                        |
|   | City State Zip Code<br>Goshen IN 46526   | Amount of Each Receipt this Period<br>0.00               |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> H2IN02196 | Loan to pay off credit card debt incurred for campaign   |
|   | Name of Employer Self<br>Occupation Attorney                                     |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼   |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 0.00 |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 58

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4271<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 06 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>10.00   |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement<br>In-kind - food   | Category/<br>Type  |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: IN District: 02  |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4273<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 07 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>6.59  |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement<br>In-kind - food   | Category/<br>Type  |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: IN District: 02  |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4275<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 07 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>7.50  |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement<br>In-kind - food -- meeting with students  | Category/<br>Type  |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: IN District: 02  |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

24.09

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|       |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4277<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 0 |  | 2 | 0 | 1 |
| M     | M   | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 4   |  | 1     | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement In-kind - ads   | <table border="1"><tr><td>23.39</td></tr></table>  | 23.39 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 23.39 |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name  | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4279<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 0 |  | 2 | 0 | 1 |
| M     | M   | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 4   |  | 1     | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement In-kind - fuel  | <table border="1"><tr><td>49.25</td></tr></table>  | 49.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 49.25 |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name  | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4165<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 3 |  | 2 | 0 | 1 |
| M     | M   | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 4   |  | 1     | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement In-kind - USPS  | <table border="1"><tr><td>49.98</td></tr></table>  | 49.98 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 49.98 |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name  | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>122.62</td></tr></table> | 122.62 |
| 122.62   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4167</p> <p>Date of Disbursement<br/>04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period<br/>20.00</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - ads</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB17.4281</p> <p>Date of Disbursement<br/>04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period<br/>25.70</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4169</p> <p>Date of Disbursement<br/>04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period<br/>9.26</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

54.96

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Internet services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> SB17.4283</p> <p>Date of Disbursement<br/>04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period<br/>7.28</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - coffee</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> SB17.4171</p> <p>Date of Disbursement<br/>04 / 20 / 2011</p> <p>Amount of Each Disbursement this Period<br/>3.80</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - newspaper online research</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4173</p> <p>Date of Disbursement<br/>04 / 21 / 2011</p> <p>Amount of Each Disbursement this Period<br/>6.95</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**18.03**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Internet services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4285</p> <p>Date of Disbursement<br/>04 / 21 / 2011</p> <p>Amount of Each Disbursement this Period<br/>2.65</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Internet services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4287</p> <p>Date of Disbursement<br/>04 / 21 / 2011</p> <p>Amount of Each Disbursement this Period<br/>15.34</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> SB17.4175</p> <p>Date of Disbursement<br/>04 / 23 / 2011</p> <p>Amount of Each Disbursement this Period<br/>7.92</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

25.91

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> SB17.4177</p> <p>Date of Disbursement<br/>04 / 23 / 2011</p> <p>Amount of Each Disbursement this Period<br/>59.18</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Internet services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB17.4289</p> <p>Date of Disbursement<br/>04 / 24 / 2011</p> <p>Amount of Each Disbursement this Period<br/>9.97</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Indiana government research</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4179</p> <p>Date of Disbursement<br/>04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period<br/>19.38</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

88.53

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - 3rd district dinner - guest<br>Candidate Name <span style="float: right;">Category/<br/>Type</span><br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IN District: 02                       | Transaction ID: SB17.4181<br>Date of Disbursement<br>04 / 26 / 2011<br><br>Amount of Each Disbursement this Period<br>35.00 |
| B. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - advertising<br>Candidate Name <span style="float: right;">Category/<br/>Type</span><br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IN District: 02                                       | Transaction ID: SB17.4183<br>Date of Disbursement<br>04 / 28 / 2011<br><br>Amount of Each Disbursement this Period<br>25.95 |
| C. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - USPS certified mail FEC filing, campaign creation<br>Candidate Name <span style="float: right;">Category/<br/>Type</span><br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IN District: 02 | Transaction ID: SB17.4185<br>Date of Disbursement<br>05 / 02 / 2011<br><br>Amount of Each Disbursement this Period<br>4.44  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 65.39       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - advertising</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4187</p> <p>Date of Disbursement<br/>05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period<br/>30.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB17.4189</p> <p>Date of Disbursement<br/>05 / 04 / 2011</p> <p>Amount of Each Disbursement this Period<br/>60.56</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB17.4191</p> <p>Date of Disbursement<br/>05 / 05 / 2011</p> <p>Amount of Each Disbursement this Period<br/>7.13</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

97.69

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 40 / 58

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> SB17.4193</p> <p>Date of Disbursement<br/>05 / 06 / 2011</p> <p>Amount of Each Disbursement this Period<br/>30.00</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - vehicle expense</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4195</p> <p>Date of Disbursement<br/>05 / 07 / 2011</p> <p>Amount of Each Disbursement this Period<br/>6.18</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - vehicle expense</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4197</p> <p>Date of Disbursement<br/>05 / 07 / 2011</p> <p>Amount of Each Disbursement this Period<br/>5.01</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

41.19

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Kosciusko JJ Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4199</p> <p>Date of Disbursement<br/>05 / 07 / 2011</p> <p>Amount of Each Disbursement this Period<br/>50.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> SB17.4201</p> <p>Date of Disbursement<br/>05 / 08 / 2011</p> <p>Amount of Each Disbursement this Period<br/>37.49</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - ads</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> SB17.4203</p> <p>Date of Disbursement<br/>05 / 09 / 2011</p> <p>Amount of Each Disbursement this Period<br/>5.32</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

92.81

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 58

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4205<br>Date of Disbursement<br>05 / 10 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>18.30   |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - USPS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4207<br>Date of Disbursement<br>05 / 11 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>13.00   |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - SB Tribune subscription<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4209<br>Date of Disbursement<br>05 / 12 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>60.98   |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - fuel<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>92.28</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4211  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 2 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|      |
|------|
| 9.68 |
|------|

Purpose of Disbursement  
In-kind - food

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4213  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|      |
|------|
| 4.55 |
|------|

Purpose of Disbursement  
In-kind - food

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4215  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|      |
|------|
| 3.08 |
|------|

Purpose of Disbursement  
In-kind - food

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 17.31 |
|-------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
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|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - ads</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB17.4217</p> <p>Date of Disbursement<br/>05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period<br/>36.00</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fax services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4291</p> <p>Date of Disbursement<br/>05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period<br/>9.99</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - ads</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB17.4219</p> <p>Date of Disbursement<br/>05 / 20 / 2011</p> <p>Amount of Each Disbursement this Period<br/>36.00</p> |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>81.99</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 45 / 58

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - voter database access</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB17.4322</p> <p>Date of Disbursement<br/>05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Internet services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB17.4293</p> <p>Date of Disbursement<br/>05 / 24 / 2011</p> <p>Amount of Each Disbursement this Period<br/>9.97</p>    |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel and vehicle equipment</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4221</p> <p>Date of Disbursement<br/>05 / 30 / 2011</p> <p>Amount of Each Disbursement this Period<br/>182.00</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2691.97

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - legal research materials</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4223</p> <p>Date of Disbursement<br/>06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period<br/>185.50</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> SB17.4225</p> <p>Date of Disbursement<br/>06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period<br/>5.90</p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> SB17.4295</p> <p>Date of Disbursement<br/>06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period<br/>46.30</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

237.70

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4227  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|       |
|-------|
| 44.08 |
|-------|

Purpose of Disbursement  
In-kind - fuel

|  |
|--|
|  |
|--|

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

B.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4229  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|      |
|------|
| 7.02 |
|------|

Purpose of Disbursement  
In-kind - food

|  |
|--|
|  |
|--|

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

C.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4231  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|       |
|-------|
| 10.67 |
|-------|

Purpose of Disbursement  
In-kind - food

|  |
|--|
|  |
|--|

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 61.77 |
|-------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
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|  |
|--|

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4233<br>Date of Disbursement<br>06 / 12 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>7.02  |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - food<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4235<br>Date of Disbursement<br>06 / 13 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>8.92  |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - food<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw   | Transaction ID: SB17.4237<br>Date of Disbursement<br>06 / 13 / 2011  |
|    | Mailing Address 64711 Apple Ridge Rd  | Amount of Each Disbursement this Period<br>464.15  |
|    | City Goshen State IN Zip Code 46526   |  |
|    | Purpose of Disbursement In-kind - lodgings<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>480.09</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - toiletries<br>Candidate Name<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02<br><br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4239<br>Date of Disbursement<br>06 / 13 / 2011<br><br>Amount of Each Disbursement this Period<br>8.51  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - parking<br>Candidate Name<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02<br><br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: SB17.4241<br>Date of Disbursement<br>06 / 13 / 2011<br><br>Amount of Each Disbursement this Period<br>3.00  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew U D Straw<br><br>Mailing Address 64711 Apple Ridge Rd<br><br>City Goshen State IN Zip Code 46526<br><br>Purpose of Disbursement<br>In-kind - food<br>Candidate Name<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02<br><br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB17.4243<br>Date of Disbursement<br>06 / 14 / 2011<br><br>Amount of Each Disbursement this Period<br>12.27 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

23.78

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> SB17.4245</p> <p>Date of Disbursement<br/>06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period<br/>47.93</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Democratic club dues</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4247</p> <p>Date of Disbursement<br/>06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period<br/>15.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - beverage</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB17.4249</p> <p>Date of Disbursement<br/>06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period<br/>2.50</p>  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>65.43</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4251  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|        |
|--------|
| 426.92 |
|--------|

Purpose of Disbursement  
In-kind - telecommunication services

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

B.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4297  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|      |
|------|
| 9.99 |
|------|

Purpose of Disbursement  
In-kind - fax services

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

C.

Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw

Transaction ID: SB17.4299  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

|        |
|--------|
| 185.75 |
|--------|

Purpose of Disbursement  
In-kind - printing services

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

SUBTOTAL of Disbursements This Page (optional) .....

|        |
|--------|
| 622.66 |
|--------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> SB17.4253</p> <p>Date of Disbursement<br/>06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period<br/>16.00</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> SB17.4255</p> <p>Date of Disbursement<br/>06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period<br/>13.00</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Democratic club dues</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4257</p> <p>Date of Disbursement<br/>06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period<br/>15.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

44.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - Taco Bell food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB17.4301</p> <p>Date of Disbursement<br/>06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period<br/>6.60</p>   |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - handicap transportation</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4303</p> <p>Date of Disbursement<br/>06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period<br/>200.00</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - printing services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB17.4305</p> <p>Date of Disbursement<br/>06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period<br/>250.11</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

456.71

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> SB17.4309</p> <p>Date of Disbursement<br/>06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period<br/>5.53</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> SB17.4311</p> <p>Date of Disbursement<br/>06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period<br/>43.99</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement<br/>In-kind - computer equipment</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 02</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.4313</p> <p>Date of Disbursement<br/>06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period<br/>78.39</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

127.91

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement Data Services</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>    | <p><b>Transaction ID:</b> SB17.4158</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.00"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p> | <p><b>Transaction ID:</b> SB17.4159</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="191.50"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>             | <p><b>Transaction ID:</b> SB17.4160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.56"/></p>  |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="332.06"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

|      |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|---|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.   | Full Name (Last, First, Middle Initial)<br>Straw for Congress   | Transaction ID: SB17.4317<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 2 |  | 2 | 0 | 1 |
| M    | M   | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 6   |  | 1    | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement ActBlue fee   | <table border="1"><tr><td>1.98</td></tr></table>   | 1.98 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1.98 |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name Straw for Congress   | <table border="1"><tr><td>003</td></tr></table> Category/Type  | 003  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 003  |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>Straw for Congress   | Transaction ID: SB17.4318<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 9 |  | 2 | 0 | 1 |
| M     | M   | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 6   |  | 1     | 9 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement ActBlue fee   | <table border="1"><tr><td>11.86</td></tr></table>  | 11.86 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 11.86 |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name Straw for Congress   | <table border="1"><tr><td>003</td></tr></table> Category/Type  | 003   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 003   |   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2011<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|---|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>Straw for Congress   | Transaction ID: SB17.4154<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 64711 Apple Ridge Rd  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 2 |  | 2 | 0 | 1 |
| M    | M   | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 6   |  | 2    | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City Goshen State IN Zip Code 46526   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement food at meeting   | <table border="1"><tr><td>8.74</td></tr></table>   | 8.74 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 8.74 |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name Straw for Congress   | <table border="1"><tr><td>007</td></tr></table> Category/Type  | 007  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 007  |   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>22.58</td></tr></table> | 22.58 |
| 22.58  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 58

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

Full Name (Last, First, Middle Initial)  
Straw for Congress

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

Purpose of Disbursement  
ActBlue fee

Candidate Name  
Straw for Congress

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB17.4319  
Date of Disbursement

06 / 26 / 2011

Amount of Each Disbursement this Period

1.35

SUBTOTAL of Disbursements This Page (optional) .....

1.35

TOTAL This Period (last page this line number only) .....

5990.81

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Straw for Congress

Transaction ID: SC/10.4109

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Mr. Andrew U D Straw, Esq. - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN ZIP Code 46526

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 0.00                    | 0.00                       | 0.00  |

**TERMS**

Date Incurred    Date Due revolving Interest Rate 27.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                                   |
|---|-----------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="0.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input type="text" value="0.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.