

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 FEB -6 PM 12:41

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 5 55 PM '12 REC MAIL CENTER

KRISTI RISK FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 51

Check if different than previously reported. (ACC)

SPENCER

IN 47460 7185

2. FEC IDENTIFICATION NUMBER

C 00500942

3. IS THIS REPORT

X NEW (N) OR

AMENDED (A)

ZIP CODE STATE DISTRICT

IN 08

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 05 08 2012 in the State of IN

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

- General (30G)
Runoff (30R)
Special (30S)

Election on in the State of

5. Covering Period 08 17 2011 through 12 31 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 WILLIAM J POWELL

Signature of Treasurer

William J Powell

Date

12 28 2012

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)

Page 2

Write or Type Committee Name

KRISTI RISK FOR CONGRESS

Report Covering the Period: From: **08 17 2011** To: **12 31 2011**

12030733353

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	23,982.14	23,982.14
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	23,982.14	23,982.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13,022.46	13,022.46
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13,022.46	13,022.46
8. Cash on Hand at Close of Reporting Period (from Line 27)	10,959.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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)

Page 3

Write or Type Committee Name

KRISTI RISK for CONGRESS

Report Covering the Period: From: **08 17 2011** To: **12 31 2011**

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12,759.70	12,759.70
(ii) Unitemized	9,208.01	9,208.01
(iii) TOTAL of contributions from individuals ▶	21,967.71	21,967.71
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) The Candidate	2,014.43	2,014.43
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23,982.14	23,982.14

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
--	---	---

13. LOANS:		
(a) Made or Guaranteed by the Candidate	0	0
(b) All Other Loans	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))	0	0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
--	---	---

15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	23,982.14	23,982.14
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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	12,019.59	12,019.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	1,002.87	1,002.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13,022.46	13,022.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23,982.14
25. SUBTOTAL (add Line 23 and Line 24).....	23,982.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13,022.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10,959.68

12030733355

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

1203073356

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NAME OF COMMITTEE (In Full)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RISK, KRISTI			Date of Receipt 09 23 2011	
Mailing Address 1206 W THORNRIDGE WAY			Amount of Each Receipt this Period 73.00 <i>IN KIND</i>	
City SPENCER	State IN	Zip Code 47460		
FEC ID number of contributing federal political committee. C 00500942				
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 73.00		

Full Name (Last, First, Middle Initial) B. RISK, KRISTI			Date of Receipt 10 13 2011	
Mailing Address 1206 W THORNRIDGE WAY			Amount of Each Receipt this Period 50.00 <i>IN KIND</i>	
City SPENCER	State IN	Zip Code 47460		
FEC ID number of contributing federal political committee. C 00500942				
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 123.00		

Full Name (Last, First, Middle Initial) C. RISK, KRISTI			Date of Receipt 10 19 2011	
Mailing Address 1206 W THORNRIDGE WAY			Amount of Each Receipt this Period 23.53 <i>IN KIND</i>	
City SPENCER	State IN	Zip Code 47460		
FEC ID number of contributing federal political committee. C 00500942				
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 146.53		

SUBTOTAL of Receipts This Page (optional).....	146.53
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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RISK, KRISTI		Date of Receipt 10 22 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 37.66 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 184.19	

Full Name (Last, First, Middle Initial) B. RISK, KRISTI		Date of Receipt 10 22 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 12.17 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 196.36	

Full Name (Last, First, Middle Initial) C. RISK, KRISTI		Date of Receipt 10 23 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 33.66 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.02	

SUBTOTAL of Receipts This Page (optional).....	83.49
TOTAL This Period (last page this line number only).....	

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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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 11 / 07 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 21.67 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251.69	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 09 / 10 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 21.36 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 273.05	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 09 / 17 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 88.92 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 361.97	

SUBTOTAL of Receipts This Page (optional).....	131.95
TOTAL This Period (last page this line number only).....	

1203073358

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		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 09 26 2011
Mailing Address 1206 W THORNRIDGE WAY		Amount of Each Receipt this Period 41.86 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 403.83	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 10 01 2011
Mailing Address 1206 W THORNRIDGE WAY		Amount of Each Receipt this Period 64.49 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 468.32	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 12 10 2011
Mailing Address 1206 W THORNRIDGE WAY		Amount of Each Receipt this Period 64.63 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 532.95	

SUBTOTAL of Receipts This Page (optional).....	170.98
TOTAL This Period (last page this line number only).....	

12030733359

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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 09 / 30 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 4.08 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 537.03	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 09 / 30 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 6.25 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 543.28	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 10 / 20 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 14.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 557.28	

SUBTOTAL of Receipts This Page (optional).....	24.33
TOTAL This Period (last page this line number only).....	

1203973360

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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 11 / 07 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 5.59 <i>IN KIND</i>
City SPENCER	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 562.87	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 10 / 07 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 57.00 <i>IN KIND</i>
City SPENCER	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 619.87	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 10 / 13 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 51.01 <i>IN KIND</i>
City SPENCER	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 670.88	

SUBTOTAL of Receipts This Page (optional).....	113.60
TOTAL This Period (last page this line number only).....	

12030753361

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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RISK, KRISTI		Date of Receipt 10 / 29 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 61.02 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 731.90	

Full Name (Last, First, Middle Initial) B. RISK, KRISTI		Date of Receipt 12 / 07 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 65.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 796.90	

Full Name (Last, First, Middle Initial) C. RISK, KRISTI		Date of Receipt 12 / 10 / 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 51.05 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 847.95	

SUBTOTAL of Receipts This Page (optional).....	177.07
TOTAL This Period (last page this line number only).....	

12030733362

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	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THORNRIDGE WAY

City State Zip Code
SPENCER IN 47460

FEC ID number of contributing federal political committee. **C 00500942**

Name of Employer Occupation
OWEN SCHOOL CORE SUB TEACHER

Receipt For: Primary General Other (specify) Election Cycle-to-Date
877.95

Date of Receipt

10 / 15 / 2011

Amount of Each Receipt this Period

30.00
IN KIND

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THORNRIDGE WAY

City State Zip Code
SPENCER IN 47460

FEC ID number of contributing federal political committee. **C 00500942**

Name of Employer Occupation
OWEN SCHOOL CORE SUB TEACHER

Receipt For: Primary General Other (specify) Election Cycle-to-Date
949.95

Date of Receipt

10 / 22 / 2011

Amount of Each Receipt this Period

72.00
IN KIND

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THORNRIDGE WAY

City State Zip Code
SPENCER IN 47460

FEC ID number of contributing federal political committee. **C 00500942**

Name of Employer Occupation
OWEN SCHOOL CORE SUB TEACHER

Receipt For: Primary General Other (specify) Election Cycle-to-Date
1,020.95

Date of Receipt

12 / 10 / 2011

Amount of Each Receipt this Period

71.00
IN KIND

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

173.00

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

1203073363

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RISK, KRISTI		Date of Receipt M M / D D / Y Y Y Y 11 / 09 / 2011	
Mailing Address 1206 W THORNRIDGE WAY			
City SPENCER	State IN	Zip Code 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 27.00	
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,047.95	
Full Name (Last, First, Middle Initial) B. RISK, KRISTI		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2011	
Mailing Address 1206 W THORNRIDGE WAY			
City SPENCER	State IN	Zip Code 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 47.00	
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,094.95	
Full Name (Last, First, Middle Initial) C. RISK, KRISTI		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2011	
Mailing Address 1206 W THORNRIDGE WAY			
City SPENCER	State IN	Zip Code 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 67.00	
Name of Employer OWEN SCHOOL CORE		Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1161.95	
SUBTOTAL of Receipts This Page (optional).....		141.00	
TOTAL This Period (last page this line number only).....			

1203073364

**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 OF	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Receipt 12 / 12 / 2011
Mailing Address 1206 W Thomridge Way		Amount of Each Receipt this Period 56.95 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 56.95 <i>IN KIND</i>
Name of Employer Owen Sound Corp.	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1218.90	

Full Name (Last, First, Middle Initial) B. Beeinek, Scott F.		Date of Receipt 12 / 15 / 2011
Mailing Address 1782 Schooling Rd.		Amount of Each Receipt this Period 18.71 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 18.71 <i>IN KIND</i>
Name of Employer Self	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 518.70	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	75.66
TOTAL This Period (last page this line number only).....	

1203073365

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	OF
<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)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SCOTT, KEVIN

Mailing Address

7399 LENN LANE

City
NEWBURGH

State
IN

Zip Code
47630

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

EAST SIDE MARINE

Occupation

FOREMAN

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

12 / 19 / 2011

Amount of Each Receipt this Period

500.00
IN KIND

Full Name (Last, First, Middle Initial)

B. LEWINSKI, MICHAEL

Mailing Address

10073 E STATE RD 56

City
DUBOIS

State
IN

Zip Code
47527

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

08 / 17 / 2011

Amount of Each Receipt this Period

106.00
IN KIND

Full Name (Last, First, Middle Initial)

C. RISK, KRISTI

Mailing Address

1206 W THORNTRIDGE WAY

City
SPENCER

State
IN

Zip Code
47460

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

OWEN SCHOOL CORP

Occupation

SUB TEACHER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1241.90

Date of Receipt

11 / 28 / 2011

Amount of Each Receipt this Period

23.00
IN KIND

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

629.00

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

1203073366

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEINEIK, SCOTT F.		Date of Receipt 12 15 2011
Mailing Address 1782 SCHOOLING RD		Amount of Each Receipt this Period 300.00
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 300.00
Name of Employer SELF	Occupation SELF ATTORNEYATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. BEINEIK, SCOTT F.		Date of Receipt 09 28 2011
Mailing Address 1782 SCHOOLING RD		Amount of Each Receipt this Period 199.99
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 199.99
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 499.99	

Full Name (Last, First, Middle Initial) C. RISK, KRISTI		Date of Receipt 08 12 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 500.00
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1741.90	

SUBTOTAL of Receipts This Page (optional).....	999.99
TOTAL This Period (last page this line number only).....	

12030733367

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

uym

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)

Full Name (Last, First, Middle Initial) LUNDBERG, ERIC		Date of Receipt 08 13 2011
Mailing Address 5117 McCray St		Amount of Each Receipt this Period 500.00 <i>IN KIND</i>
City INDIANAPOLIS	State Zip Code IN 46624	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer FEDEX	Occupation A&P	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) SMITH, TRENT		Date of Receipt 11 19 2011
Mailing Address 265 E 925 S		Amount of Each Receipt this Period 340.00 <i>IN KIND</i>
City HAUBSTADT	State Zip Code IN 47639	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer RIGHT TO BEAR ARMS	Occupation OWNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 340.00	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 10 24 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 10.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORP	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1751.90	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

1202073368

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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 11 08 2011
Mailing Address 1206 W THRONRIDGE WAY		Amount of Each Receipt this Period 62.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1813.90	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 11 14 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 67.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1880.90	

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 11 19 2011
Mailing Address 1206 W THORNTRIDGE WAY		Amount of Each Receipt this Period 9.69 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1890.59	

SUBTOTAL of Receipts This Page (optional).....	138.69
TOTAL This Period (last page this line number only).....	

1203073369

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 OF

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

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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THRONRIDGE WAY

City

SPENCER

State

IN

Zip Code

47460

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

OWEN SCHOOL CORE

Occupation

SUB TEACHER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1905.59

Date of Receipt

11 30 2011

Amount of Each Receipt this Period

15.00

IN KIND

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THORNRIE WAY

City

SPENCER

State

IN

Zip Code

47460

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

OWEN SCHOOL CORE

Occupation

SUB TEACHER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1966.59

Date of Receipt

12 01 2011

Amount of Each Receipt this Period

61.00

IN KIND

Full Name (Last, First, Middle Initial)

RISK, KRISTI

Mailing Address

1206 W THORNRIE WAY

City

SPENCER

State

IN

Zip Code

47460

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

OWEN SCHOOL CORE

Occupation

SUB TEACHER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1989.96

Date of Receipt

12 03 2011

Amount of Each Receipt this Period

23.37

IN KIND

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

99.37

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

12030733370

**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	OF
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input 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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) RISK, KRISTI		Date of Receipt 12 20 2011
Mailing Address 1206 W THRONRIDGE WAY		Amount of Each Receipt this Period 24.47 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 2011.43
Name of Employer OWEN SCHOOL CORE	Occupation SUB TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2011	

Full Name (Last, First, Middle Initial) SELBY, JEFF		Date of Receipt 11 19 2011
Mailing Address 5744 CLIFTMEERE DR		Amount of Each Receipt this Period 2500.00 <i>Refunded due to contribution limits exceeded. Refund check #119 on 1st quar. FEC Report.</i>
City NEWBURGH	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 5000.00
Name of Employer SELF	Occupation PULMONOLOGIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2011	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2524.47
TOTAL This Period (last page this line number only).....	

1203073371

**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 OF	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Singer, Patricia J.		Date of Receipt 08 / 17 / 2011
Mailing Address 8333 Southport Dr.		Amount of Each Receipt this Period 300.00
City Evansville	State Zip Code IN 47711	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 300.00
Name of Employer retired	Occupation retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Singer, Patricia J.		Date of Receipt 10 / 22 / 2011
Mailing Address 8333 Southport Dr.		Amount of Each Receipt this Period 330.00
City Evansville	State Zip Code IN 47711	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 330.00
Name of Employer retired	Occupation retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 630.00	

Full Name (Last, First, Middle Initial) C. Selby, Jeffrey W.		Date of Receipt 08 / 17 / 2011
Mailing Address 5744 Cliftmeere Dr.		Amount of Each Receipt this Period 2500.00
City Newburg	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Lung doctor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	3130.00
TOTAL This Period (last page this line number only).....	

1203073372

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

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CURTIS, NAOMI		Date of Receipt 12 22 2011
Mailing Address 2366 BRIARCLIFF DR		Amount of Each Receipt this Period 500.00
City NEWBURGH	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. HAMILTON, PAUL		Date of Receipt 10 22 2011
Mailing Address 5 WILLIAMS BROTHER DR		Amount of Each Receipt this Period 500.00
City WASHINGTON	State Zip Code IN 47501	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. SCOTT, CYNTHIA		Date of Receipt 10 02 2011
Mailing Address 7399 LENN LANE		Amount of Each Receipt this Period 500.00
City NEWBURGH	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer OLD NATIONAL BANK	Occupation ACCOUNTS	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

12030733273

**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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HARNEY, RAY		Date of Receipt 12 23 2011
Mailing Address 208 E YORK ST		Amount of Each Receipt this Period 25.00
City ROCKVILLE	State Zip Code IN 47872	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 25.00
Name of Employer N/A	Occupation N/A RETIRED RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) B. HARNEY, RAY		Date of Receipt 11 19 2011
Mailing Address 208 E YORK ST		Amount of Each Receipt this Period 230.00 <i>IN KIND</i>
City ROCKVILLE	State Zip Code IN 47872	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 255.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00	

Full Name (Last, First, Middle Initial) C. LEWINSKI, MICHAEL		Date of Receipt 12 19 2011
Mailing Address 1073 E. State Rd. 56		Amount of Each Receipt this Period 100.00
City DUBOIS	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 206.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 206.00	

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

1203073374

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<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)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Powell, William J.			Date of Receipt 09 / 30 / 2011		
Mailing Address 1138 W. Thornridge Way			Amount of Each Receipt this Period 300.00 <i>IN KIND</i>		
City Spencer	State IN	Zip Code 47460			
FEC ID number of contributing federal political committee. C 00500942					
Name of Employer N/A		Occupation Retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00			

Full Name (Last, First, Middle Initial) B. Powell, William J.			Date of Receipt 10 / 28 / 2011		
Mailing Address 1138 W. Thornridge Way			Amount of Each Receipt this Period 300.00 <i>IN KIND</i>		
City Spencer	State IN	Zip Code 47460			
FEC ID number of contributing federal political committee. C 00500942					
Name of Employer N/A		Occupation Retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00			

Full Name (Last, First, Middle Initial) C. Powell, William J.			Date of Receipt 11 / 25 / 2011		
Mailing Address 1138 W. Thornridge Way			Amount of Each Receipt this Period 300.00 <i>IN KIND</i>		
City Spencer	State IN	Zip Code 47460			
FEC ID number of contributing federal political committee. C 00500942					
Name of Employer N/A		Occupation Retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 900.00			

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

1203073375

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

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) POWELL, WILLIAM J.		Date of Receipt 12 / 30 / 2011
Mailing Address 1138 W THORNRIAGE WAY		Amount of Each Receipt this Period 300.00 <i>IN KIND</i>
City SPENCER	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer N/A	Occupation N/A RETIRED RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) SELBY, SEAN		Date of Receipt 10 / 31 / 2011
Mailing Address 5701 LOST BEND LN		Amount of Each Receipt this Period 1000.00 <i>IN KIND</i>
City EVANSVILLE	State Zip Code IN 47715	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SELF	Occupation WEB DSIGNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SELBY, SEAN		Date of Receipt 10 / 21 / 2011
Mailing Address 5701 LOST BEND LN		Amount of Each Receipt this Period 10.00
City EVANSVILLE	State Zip Code IN 47715	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SELF	Occupation WEB DESIGNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1010.00	

SUBTOTAL of Receipts This Page (optional).....	1310.00
TOTAL This Period (last page this line number only).....	

1203073376

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	OF
<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)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DICKERSON, TERRY		Date of Receipt 08 13 2011
Mailing Address 6315 WILMARBEE DR		Amount of Each Receipt this Period 500.00 <i>IN KIND</i>
City FT WAYNE	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SELF	Occupation GRAPHIC DESIGNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. DICKERSON, TERRY		Date of Receipt 10 26 2011
Mailing Address 6315 WILMARBEE DR		Amount of Each Receipt this Period 100.00 <i>IN KIND</i>
City FT WAYNE	State Zip Code IN 46805	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SELF	Occupation GRAPHIC DESIGNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) C. DICKERSON, TERRY		Date of Receipt 11 23 2011
Mailing Address 6315 WILMARBEE DR		Amount of Each Receipt this Period 500.00 <i>IN KIND</i>
City FT WAYNE	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SELF	Occupation GRAPHIC DESIGNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

SUBTOTAL of Receipts This Page (optional).....	1,100.00
TOTAL This Period (last page this line number only).....	14774.13

1202073377

**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	OF
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 09 / 23 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 73.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Kristi, Risk M.		Date of Disbursement 10 / 13 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 50.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement 10 / 23 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 23.53 <i>IN KIND</i>
City Spemcer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	146.53
TOTAL This Period (last page this line number only).....	

1203073378

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

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NAME OF COMMITTEE (in Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 10 / 22 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 37.66 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Kristi, Risk M.		Date of Disbursement 10 / 22 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 12.17 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement 10 / 23 / 2011
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 33.66 <i>IN KIND</i>
City Spemcer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement meal for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	83.49
TOTAL This Period (last page this line number only).....	.

1205073379

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 11 / 07 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 21.67 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement refreshments for campaign meeting		
Candidate Name Kiristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement 09 / 10 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 21.36 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement candy to throw in 8th district parades		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement 09 / 17 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 88.92 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement candy to throw in 8th district parades		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	131.95
TOTAL This Period (last page this line number only).....	.

1203073380

**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	OF
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 41.86 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement refreshments for campaign meeting		
Candidate Name Kiristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 64.49 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement candy to throw in 8th district parades		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 64.63 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement candy to throw in 8th district parades		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	170.98
TOTAL This Period (last page this line number only).....	

1203073381

**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 OF

<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)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Risk, Kristi M.

Date of Disbursement

09 / 30 / 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

4.08

City
Spencer

State
IN

Zip Code

47460

IN KIND

Purpose of Disbursement

postage

Category/
Type

Candidate Name

Kiristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Full Name (Last, First, Middle Initial)

B. Risk, Kristi M.

Date of Disbursement

09 / 30 / 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

6.25

City
Spencer

State
IN

Zip Code

47460

IN KIND

Purpose of Disbursement

mailing envelopes

Category/
Type

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Full Name (Last, First, Middle Initial)

C. Risk, Kristi M.

Date of Disbursement

11 / 20 / 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

14.00

City
Spencer

State
IN

Zip Code

47460

IN KIND

Purpose of Disbursement

postage

Category/
Type

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

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

24.33

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

12030733382

**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	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 11 / 07 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 559 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement postage		Category/ Type
Candidate Name Kiristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement 10 / 07 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 57.00 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement fuel purchase		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement 10 / 13 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 51.00 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement fuel purchase		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	113.60
TOTAL This Period (last page this line number only).....	

12030733385

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

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NAME OF COMMITTEE (in Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 61.02 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement fuel purchase		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 65.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement fuel purchase		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 51.05 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement fuel purchase		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	177.07
TOTAL This Period (last page this line number only).....	

1203073384

**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 OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Risk, Kristi M.

Date of Disbursement

10 15 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

30.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

fuel purchase

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

B. Risk, Kristi M.

Date of Disbursement

11 22 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

72.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

fuel purchase

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

C. Risk, Kristi M.

Date of Disbursement

10 30 2011

Mailing Address

1203 W Thornridge Way

Amount of Each Disbursement this Period

71.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

fuel purchase

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

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

173.00

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

12030732585

**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	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 11 09 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 27.00 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement fuel purchase		Category/ Type
Candidate Name Kiristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement 12 15 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 47.00 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement fuel purchase		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement 12 30 2011
Mailing Address 1203 W Thornridge Way		Amount of Each Disbursement this Period 67.00 <i>IN KIND</i>
City Spencer	State IN	
Purpose of Disbursement fuel purchase		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	141.00
TOTAL This Period (last page this line number only).....	

1205073386

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 56.95 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel Purchase		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. Beineik, Scott F.		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1782 Schooling Rd.		Amount of Each Disbursement this Period 18.71 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Purchase a meal for candidate		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	75.66
TOTAL This Period (last page this line number only).....	

1202073387

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RISK, KRISTI

Date of Disbursement

11 08 2011

Mailing Address

1206 W THORNTRIDGE WAY

City State Zip Code

SPENCER IN 47460

Amount of Each Disbursement this Period

62.00

Purpose of Disbursement

FUEL

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

Full Name (Last, First, Middle Initial)

B. RISK, KRISTI

Date of Disbursement

11 14 2011

Mailing Address

1206 W THORNTRIDGE WAY

City State Zip Code

SPENCER IN 47460

Amount of Each Disbursement this Period

67.00

Purpose of Disbursement

FUEL

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

Full Name (Last, First, Middle Initial)

C. RISK, KRISTI

Date of Disbursement

11 19 2011

Mailing Address

1206 W THORNTRIDGE WAY

City State Zip Code

SPENCER IN 47460

Amount of Each Disbursement this Period

9.69

Purpose of Disbursement

GOP BREAKFAST

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

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

138.69

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

1203073338

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. RISK, KRISTI

Date of Disbursement
11 30 2011

Mailing Address
1206 W THORNTRIDGE WAY

City State Zip Code
SPENCER IN 47460

Purpose of Disbursement
FUEL

Amount of Each Disbursement this Period
15.00

Candidate Name
KRISTI RISK

Category/Type
IN KIND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **IN** District: **8**

Full Name (Last, First, Middle Initial)
B. RISK, KRISTI

Date of Disbursement
12 01 2011

Mailing Address
1206 W THORNTRIDGE WAY

City State Zip Code
SPENCER IN 47460

Purpose of Disbursement
FUEL

Amount of Each Disbursement this Period
61.00

Candidate Name
KRISTI RISK

Category/Type
IN KIND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **IN** District: **8**

Full Name (Last, First, Middle Initial)
C. RISK, KRISTI

Date of Disbursement
12 03 2011

Mailing Address
1206 W THORNTRIDGE WAY

City State Zip Code
SPENCER IN 47460

Purpose of Disbursement
CANDY FOR PARADE

Amount of Each Disbursement this Period
23.37

Candidate Name
KRISTI RISK

Category/Type
IN KIND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **IN** District: **8**

SUBTOTAL of Disbursements This Page (optional)..... **99.37**

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

1203073389

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. *Powell, WILLIAM J.*

Mailing Address
1138 W. Thornridge Way

City **Spencer** State **IN** Zip Code **47460**

Purpose of Disbursement
Treasurer's Pay

Candidate Name
Kristi Risk

Office Sought: House Senate President
State: **IN** District: **8**

Disbursement For: Primary General Other (specify)

Date of Disbursement

09 / 30 / 2011

Amount of Each Disbursement this Period

, , 300.00
IN KIND

B. *Powell, WILLIAM J.*

Mailing Address
1138 W. Thornridge Way

City **Spencer** State **IN** Zip Code **47460**

Purpose of Disbursement
Treasurer's pay

Candidate Name
Kristi Risk

Office Sought: House Senate President
State: **IN** District: **8**

Disbursement For: Primary General Other (specify)

Date of Disbursement

10 / 28 / 2011

Amount of Each Disbursement this Period

, , 300.00
IN KIND

C. *Powell, WILLIAM J.*

Mailing Address
1138 W. Thornridge Way

City **Spencer** State **IN** Zip Code **47460**

Purpose of Disbursement
Treasurer's pay

Candidate Name
Kristi Risk

Office Sought: House Senate President
State: **IN** District: **8**

Disbursement For: Primary General Other (specify)

Date of Disbursement

11 / 25 / 2011

Amount of Each Disbursement this Period

, , 300.00
IN KIND

SUBTOTAL of Disbursements This Page (optional) **900.00**

TOTAL This Period (last page this line number only)

1203073390

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POWELL, WILLIAM J

Mailing Address
1138 W THORNRIE WAY

City **SPENCER** State **IN** Zip Code **47460**

Purpose of Disbursement
TREASURER'S PAY

Candidate Name
KRISTI

Office Sought: House
 Senate
 President
State: **IN** District: **8**

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

12 / **30** / **2011**

Amount of Each Disbursement this Period

300.00
IN KIND

Full Name (Last, First, Middle Initial)

B. SEALBY, SEAN

Mailing Address
5701 LOST BEND LN

City **EVANSVILLE** State **IN** Zip Code **47715**

Purpose of Disbursement
WEB SITE DESIGN

Candidate Name
KRISTI RISK

Office Sought: House
 Senate
 President
State: **IN** District: **8**

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

10 / **31** / **2011**

Amount of Each Disbursement this Period

1000.00
IN KIND

Full Name (Last, First, Middle Initial)

C. SELBY, SEAN

Mailing Address
5701 LOST BEND LN

City **EVANSVILLE** State **IN** Zip Code **47715**

Purpose of Disbursement
CAMPAIGN MANAGER PAY

Candidate Name
KRISTI RISK

Office Sought: House
 Senate
 President
State: **IN** District: **8**

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

400.00

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

1700.00

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

12030733301

**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	OF
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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement 12 20 2011
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 24.47 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Lunch for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Speedway Oil Co.		Date of Disbursement 12 29 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 50.00
City Wilmington	State DE	
Zip Code 19850		Category/ Type
Purpose of Disbursement Fuel purchase		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	74.47
TOTAL This Period (last page this line number only).....	

12630733392

**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	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SCOTT, KEVIN		Date of Disbursement 12 / 19 / 2011
Mailing Address 7399 LENN LANE		Amount of Each Disbursement this Period 500.00 <i>IN KIND</i>
City NEWBURGH	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement PURCHASE AMMO TRAP SHOOT		
Candidate Name KRISTI RISK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. LEWINSKI, MICHAEL		Date of Disbursement 08 / 17 / 2011
Mailing Address 10073 E STATE RD 56		Amount of Each Disbursement this Period 106.00 <i>IN KIND</i>
City DUBOIS	State IN	
Zip Code 47527		Category/ Type
Purpose of Disbursement RENT/SUPPLIES CAMPAIGN RALLY		
Candidate Name KRISTI RISK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. RISK, KRISTI		Date of Disbursement 11 / 28 / 2011
Mailing Address 1206 W THORNRIE WAY		Amount of Each Disbursement this Period 23.00 <i>IN KIND</i>
City SPENCER	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement STAFF LUNCH		
Candidate Name KRISTI RISK		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	629.00
TOTAL This Period (last page this line number only).....	

1203073393

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Speedway Oil Co.
Mailing Address
P.O. Box 15298
City **Wilmington** State **DE** Zip Code **19850**
Purpose of Disbursement
Purchase fuel
Candidate Name
Kristi Risk
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **8**

Date of Disbursement

11 / 28 / 2011

Amount of Each Disbursement this Period

36.00

B. Speedway Oil Co.
Mailing Address
P.O. Box 15298
City **Wilmington** State **DE** Zip Code **19850**
Purpose of Disbursement
Fuel gift Card to purchase fuel
Candidate Name
Kristi Risk
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **8**

Date of Disbursement

12 / 07 / 2011

Amount of Each Disbursement this Period

100.00

C. Speedway Oil Co.
Mailing Address
P.O. Box 15298
City **Wilmington** State **DE** Zip Code **19850**
Purpose of Disbursement
Fuel gift Card to purchase fuel
Candidate Name
Kristi Risk
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **8**

Date of Disbursement

12 / 10 / 2011

Amount of Each Disbursement this Period

100.00

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

236.00

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

1203073394

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HARNEY, RAY

Date of Disbursement

11 19 2011

Mailing Address

208 E YORK ST

City
ROCKVILLE

State
IN

Zip Code

47872

Amount of Each Disbursement this Period

230.00

Purpose of Disbursement

DONATION RIFLE FOR TRAP SHOOT

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **8**

Full Name (Last, First, Middle Initial)

B. SMITH, TRENT

Date of Disbursement

11 19 2011

Mailing Address

265 E 925 S

City
HAUBSTADT

State
IN

Zip Code

47639

Amount of Each Disbursement this Period

340.00

Purpose of Disbursement

DONATION SHOTGUN FOR TRAP SHOOT

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **8**

Full Name (Last, First, Middle Initial)

C. LUNDBERG, ERIC

Date of Disbursement

08 13 2011

Mailing Address

5117 McCray St

City
INDIANAPOLIS

State
IN

Zip Code

46224

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

PURCHASE WEB SITE

IN KIND

Candidate Name

KRISTI RISK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **8**

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

1070.00

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

1203072395

**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	OF
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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway Oil Co.		Date of Disbursement 12 29 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 50.00
City Wilmington	State DE	
Zip Code 19850		Category/ Type
Purpose of Disbursement Fuel Purchase		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Spencer Evening World		Date of Disbursement 09 02 2011
Mailing Address 114 East Franklin St.		Amount of Each Disbursement this Period 673.81
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Purchase campaign flyers		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	723.81
TOTAL This Period (last page this line number only).....	

1203073396

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DICKERSON, TERRY

Date of Disbursement

08 13 2011

Mailing Address

6315 WILMARBEE DR

Amount of Each Disbursement this Period

500.00

City State Zip Code
FT WAYNE IN 46804

Purpose of Disbursement
CAMPAIGN LITERATURE DESIGN

Category/
Type

IN KIND

Candidate Name

KRISTI RISK

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

Full Name (Last, First, Middle Initial)

B. DICKERSON, TERRY

Date of Disbursement

10 26 2011

Mailing Address

6315 WILMARBEE DR

Amount of Each Disbursement this Period

100.00

City State Zip Code
FT WAYNE IN 46804

Purpose of Disbursement
FLYER DESIGN

Category/
Type

IN KIND

Candidate Name

KRISTI RISK

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

Full Name (Last, First, Middle Initial)

C. DICKERSON, TERRY

Date of Disbursement

11 23 2011

Mailing Address

6315 WILMARBEE DR

Amount of Each Disbursement this Period

500.00

City State Zip Code
FT WAYNE IN 46804

Purpose of Disbursement
CAMPAIGN LITERATURE DESIGN

Category/
Type

IN KIND

Candidate Name

KRISTI RISK

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: IN District: 8

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

1,100.00

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

1202073397

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway Oil Co.		Date of Disbursement 11 / 08 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 100.00
City Wilmington	State DE Zip Code 19850	
Purpose of Disbursement Fuel gift Card to purchase fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Speedway Oil Co.		Date of Disbursement 11 / 12 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 100.00
City Wilmington	State DE Zip Code 19850	
Purpose of Disbursement Fuel gift Card to purchase fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Speedway Oil Co.		Date of Disbursement 11 / 25 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 100.00
City Wilmington	State DE Zip Code 19850	
Purpose of Disbursement Fuel gift Card to purchase fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

1203073398

**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	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway Oil Co.		Date of Disbursement 10 / 11 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 25.00
City Wilmington	State DE	
Purpose of Disbursement Purchase automobile fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Speedway Oil Co.		Date of Disbursement 10 / 29 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 100.00
City Wilmington	State DE	
Purpose of Disbursement Fuel gift Card to purchase fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Speedway Oil Co.		Date of Disbursement 11 / 03 / 2011
Mailing Address P.O. Box 15298		Amount of Each Disbursement this Period 54.00
City Wilmington	State DE	
Purpose of Disbursement Fuel Gift Card to Purchase Fuel		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	179.00
TOTAL This Period (last page this line number only).....	

1203073399

**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 1 OF
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. World Arts, Inc.		Date of Disbursement 10 / 24 / 2011
Mailing Address 156 East Franklin St.		Amount of Each Disbursement this Period 57.98
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Print Trap Shoot Flyers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. World Arts Inc.		Date of Disbursement 10 / 26 / 2011
Mailing Address 156 East Franklin St.		Amount of Each Disbursement this Period 57.98
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Print Trap Shoot Flyers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Spencer Evening World		Date of Disbursement 09 / 02 / 2011
Mailing Address 114 East Franklin St.		Amount of Each Disbursement this Period 673.81
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Campaign Flyers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional)	789.77
TOTAL This Period (last page this line number only)	

1203073400

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Color Copies USA		Date of Disbursement 08 03 2011
Mailing Address 140 Northeast 32nd Court		Amount of Each Disbursement this Period 989.50
City Fort Lauderdale	State FL	
Purpose of Disbursement Purchase Campaign Flyers		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Super Sports Supply		Date of Disbursement 09 01 2011
Mailing Address 59 E. Washington St.		Amount of Each Disbursement this Period 659.92
City Martinsville	State IN	
Purpose of Disbursement Purchase Campaign T-Shirts		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Super Sports Supply		Date of Disbursement 10 18 2011
Mailing Address 59 E. Washington St.		Amount of Each Disbursement this Period 691.49
City Martinsville	State IN	
Purpose of Disbursement Purchase Campaign T-Shirts		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	2340.91
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)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EVANSVILLE GUN CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2011
Mailing Address 4922 E. 1151 S.		Amount of Each Disbursement this Period 250.00
City EVANSVILLE	State IN	
Zip Code 47639		Category/ Type
Purpose of Disbursement RENT RESERVE FOR TRAP SHOOT		
Candidate Name KRISTI RISK		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 08		

Full Name (Last, First, Middle Initial) B. EVANSVILLE GUN CLUB		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 4922 E. 1151 S.		Amount of Each Disbursement this Period 181.50
City EVANSVILLE	State IN	
Zip Code 47639		Category/ Type
Purpose of Disbursement TRAP SHOOT ROUNDS		
Candidate Name KRISTI RISK		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 08		

Full Name (Last, First, Middle Initial) C. PIRYX, INC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 52.22
City SAN FRANCISCO	State CA	
Zip Code 94105		Category/ Type
Purpose of Disbursement SERVICE FEE		
Candidate Name KRISTI RISK		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 08		

SUBTOTAL of Disbursements This Page (optional).....	483.72
TOTAL This Period (last page this line number only).....	

12030733402

**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 OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

KRISTI RISK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

PAYPAL

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2011

Mailing Address

2211 N 1ST ST

Amount of Each Disbursement this Period

17.24

City

SAN JOSE

State
CA

Zip Code

95131

Purpose of Disbursement

SERVICE FEE

Category/
Type

Candidate Name

KRISTI RISK

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

17.24

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

12019.59

12030733403

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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No Postmark

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 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

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 PREPARER
 (3/2005)

2/6/12
 DATE PREPARED

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