

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Straw for Congress

ADDRESS (number and street)

64711 Apple Ridge Rd

Check if different than previously reported. (ACC)

Goshen

IN

46526

2. FEC IDENTIFICATION NUMBER ▼

C C00496299

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2012

through

M M / D D / Y Y Y Y
03 / 31 / 2012

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

Type or Print Name of Treasurer Mr. Andrew U D Straw

Signature of Treasurer Mr. Andrew U D Straw

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 09 / 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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Straw for Congress

Report Covering the Period: From: / / To: / /

	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))....	304.18	13581.65
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	304.18	13581.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1469.61	16040.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1469.61	16040.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	51.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2509.98	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Straw for Congress

Report Covering the Period: From: / / To: / /

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).....	0.00	250.00
(ii) Unitemized.....	304.18	1237.31
(iii) TOTAL of contributions from individuals ▶	304.18	1487.31
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	12094.34
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	304.18	13581.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	791.89	2509.98
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	791.89	2509.98
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1096.07	16091.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1469.61	16040.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1469.61	16040.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	424.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1096.07
25. SUBTOTAL (add Line 23 and Line 24).....	1520.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1469.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	51.01

**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 5 OF 10
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code
Goshen IN 46526

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

Name of Employer Self Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
13563.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 03 2012

Transaction ID : SA13A.4484

Amount of Each Receipt this Period
-248.86
 loan amount forgiven for financial service paid

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code
Goshen IN 46526

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

Name of Employer Self Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
14604.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2012

Transaction ID : SA13A.4464

Amount of Each Receipt this Period
1040.75
 Loan to campaign

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

791.89

791.89

**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 6 OF 10
	<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)
Straw for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. GAS		M M / D D / Y Y Y Y 02 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 193.91
City State Zip Code		
Purpose of Disbursement GAS	Category/Type 002	Transaction ID : SB17.4456
Candidate Name Straw for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Knights of Columbus		M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 300.00
City State Zip Code South Bend IN 46601		
Purpose of Disbursement Knights of Columbus - Fundraiser	Category/Type 007	Transaction ID : SB17.4452
Candidate Name Straw for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. PNC Bank		M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 119 S. Third Street		Amount of Each Disbursement this Period 248.86
City State Zip Code Goshen IN 46526		
Purpose of Disbursement financial services partial loan repayment	Category/Type 009	Transaction ID : SB17.4481
Candidate Name Straw for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	742.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 201.28 Transaction ID : SB17.4480
City Goshen State IN Zip Code 46526	Purpose of Disbursement petty cash Category/Type 001	
Candidate Name Straw for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Telecom Svc		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2012
Mailing Address		Amount of Each Disbursement this Period 21.28 Transaction ID : SB17.4450
City State Zip Code	Purpose of Disbursement Telecom/Fax Category/Type 001	
Candidate Name Straw for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

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 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).....	201.28
TOTAL This Period (last page this line number only).....	944.05

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Straw for Congress** Transaction ID : **SC/10.4448**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 64711 Apple Ridge Rd	

City	State	ZIP Code
Goshen	IN	46526

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1718.09	0.00	1718.09

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M / D / Y 12/31/2012	1.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1718.09
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Straw for Congress

Transaction ID : **SC/10.4484**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Andrew U D Straw

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
64711 Apple Ridge Rd

City State ZIP Code
Goshen IN 46526

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-248.86	0.00	-248.86

TERMS

Date Incurred: M 01 / D 03 / Y 2012
 Date Due: M / D / Y 12/31/2012
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] -248.86

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Straw for Congress** Transaction ID : **SC/10.4464**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 64711 Apple Ridge Rd		

City	State	ZIP Code
Goshen	IN	46526

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1040.75	0.00	1040.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2012	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1040.75
TOTALS This Period (last page in this line only).....	▶	2509.98

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