

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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FEC MAIL CENTER 12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

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 OR AMENDED (N) (A)

CITY

STATE

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 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 05 / 08 / 2012 in the State of IN

5. Covering Period 04 / 19 / 2012 through 06 / 30 / 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 William J. Powell

Signature of Treasurer

Date

07 / 07 / 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.

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FEC FORM 3 (Revised 02/2003)

12030840516

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: **04^M / 19^D / 2012^Y** To: **06^M / 30^D / 2012^Y**

12030840517

	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))	, 8915.22	, 57031.94
(b) Total Contribution Refunds (from Line 20(d))	, .	, 2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 8915.22	, 54531.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 22497.50	, 61436.54
(b) Total Offsets to Operating Expenditures (from Line 14)	, .	, 2500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 22497.50	, 58936.54
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 5.51	.
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, .	.
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, .	.

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: ^M04 / ^D19 / ^Y2012 To: ^M06 / ^D30 / ^Y2012

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)	, 8,915.22	, 39,929.33
(ii) Unitemized	, 4,435.82	, 18,890.83
(iii) TOTAL of contributions from individuals ▶	, 13,201.04	, 58,820.16
(b) Political Party Committees	, .	, .
(c) Other Political Committees (such as PACs)	, .	, .
(d) The Candidate	, .	, 2,771.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, 13,201.04	, 61,592.04

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

, .

13. LOANS:

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

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

, 2,500.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

, .

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)

, 13,201.04 , 59,092.04

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	, 22,497.50	, 60,793.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , .	, , .
(b) Of All Other Loans	, , .	, , .
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , .	, , .
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, , .	, 2,500.00
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs).....	, , .	, , .
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , .	, 2,500.00
21. OTHER DISBURSEMENTS.....	, , .	, 1,002.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	, 22,497.30	, 64,496.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 9,301.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 13,201.04
25. SUBTOTAL (add Line 23 and Line 24).....	, 22,503.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 22,497.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, , 5.51

*Used this to pay postage
to mail these forms.*

12030840519

**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		

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) **FEC MAIL CENTER**
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Cline, Craig		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2012
Mailing Address 369 NE 4th		Amount of Each Receipt this Period 100.00
City Linton	State Zip Code IN 47441	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00
Name of Employer PartTec, Ltd	Occupation Design Engineer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Martin, Daniel		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 2655 Arran Quay Ter.		Amount of Each Receipt this Period 650.00
City Valparaiso	State Zip Code IN 46385	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 650.00
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. McKannan, Mary		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address P.O. Box 422		Amount of Each Receipt this Period 25.00
City Haubstadt	State Zip Code IN 47639	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 222.42
Name of Employer EVCBA	Occupation Housekeeper	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

12030840520

**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. Harney, Ray		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2012
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 430.00
Name of Employer Retired	Occupation Retired N/A	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Jones, Michael C.		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address PO Box 251		Amount of Each Receipt this Period 500.00
City Loogootee	State Zip Code IN 47553	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer Crane	Occupation Engineer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Jordan, Pamela		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 1524 Glen Eden Ln		Amount of Each Receipt this Period 300.00
City Evansville	State Zip Code IN 47715	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 400.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	825.00
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 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. O'Neal Rusty L.		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2012
Mailing Address 4231 Rattlesnake Rd.		Amount of Each Receipt this Period 600.00
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 600.00
Name of Employer Tri-State State Lumber	Occupation Logger	
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) B. Sandefur, Michael L.		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 2425 Knobb Hill Dr.		Amount of Each Receipt this Period 200.00
City Evansville	State Zip Code IN 47711	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 700.00
Name of Employer Wetland Services	Occupation Self Employed	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) C. Harney, Ray		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2012
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 405.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 405.00	

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

12030840522

**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"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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. Menner, Linda		Date of Receipt M M / D D / Y Y Y Y 04 27 / 2012
Mailing Address 5444 E. Indiana St.		Amount of Each Receipt this Period 200.00
City Evansville	State Zip Code IN 47715	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00
Name of Employer none	Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Martin, Susan R.		Date of Receipt M M / D D / Y Y Y Y 04 21 / 2012
Mailing Address 2655 Arrann Quay Rd.		Amount of Each Receipt this Period 650.00
City Valparaiso	State Zip Code IN 46385	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 1650.00
Name of Employer none	Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1650.00	

Full Name (Last, First, Middle Initial) C. Morris, Nina JO		Date of Receipt M M / D D / Y Y Y Y 05 03 / 2012
Mailing Address 3447 Williams Rd.		Amount of Each Receipt this Period 100.00
City Gosport	State Zip Code IN 47433	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 863.90
Name of Employer none	Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 863.90	

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

12030840523

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

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NAME OF COMMITTEE (In Full)
Kristi Risk

Full Name (Last, First, Middle Initial) A. Hainey, Roger		Date of Receipt M M / D D / Y Y Y Y 04 21 2012
Mailing Address 3258 Hale Hill Rd		Amount of Each Receipt this Period 500.00
City Poland	State Zip Code IN 47868	
FEC ID number of contributing federal political committee. C 00500942		IN - KIMM
Name of Employer Cloverdale Truck Reps	Occupation Truck Mechanic	
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. Hainey, Roger		Date of Receipt M M / D D / Y Y Y Y 04 24 2012
Mailing Address 3258 Hale Hill Rd		Amount of Each Receipt this Period 500.00
City Poland	State Zip Code IN 47868	
FEC ID number of contributing federal political committee. C 00500942		IN - KIMM
Name of Employer Cloverdale Truck Reps	Occupation Truck Mechanic	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) C. Hainey, Roger		Date of Receipt M M / D D / Y Y Y Y 04 27 2012
Mailing Address 3258 Hale Hill Rd		Amount of Each Receipt this Period 500.00
City Poland	State Zip Code IN 47868	
FEC ID number of contributing federal political committee. C 00500942		IN - KIMM
Name of Employer Cloverdale Truck Reps	Occupation Truck Mechanic	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,500.00	

SUBTOTAL of Receipts This Page (optional).....	1,500.00
TOTAL This Period (last page this line number only).....	

12030840524

**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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Hainey, Roger		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 30 ' 2012
Mailing Address 3258 Hale Hill Rd		Amount of Each Receipt this Period 500.00
City Poland	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		<i>IN-KIND</i>
Name of Employer Cloverdale Truck Reps	Occupation Truck Mechanic	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,000.00	

Full Name (Last, First, Middle Initial) B. Singer, Patricia		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 27 ' 2012
Mailing Address 8333 Southport Rd		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		
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,230.00	

Full Name (Last, First, Middle Initial) C. Singer, Patricia		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 27 ' 2012
Mailing Address 8333 Southport Rd		Amount of Each Receipt this Period 90.00
City Evansville	State Zip Code IN 47711	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,320.00	

SUBTOTAL of Receipts This Page (optional).....	890.00
TOTAL This Period (last page this line number only).....	

12030840525

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"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) Kristi Risk		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 21 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 1,583.00 <i>Purchase of signs to be reimbursed see Sch B</i>
City Spencer	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,583.00	

Full Name (Last, First, Middle Initial) Kristi Risk		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 26 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 33.41 <i>Printer Ink - To be reimbursed. See Sch B</i>
City Spencer	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,616.41	

Full Name (Last, First, Middle Initial) Kristi Risk		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 27 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 12.00 <i>Staff Meal - To be reimbursed. See Sch B</i>
City Spencer	State IN	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,628.41	

SUBTOTAL of Receipts This Page (optional).....	1,628.14
TOTAL This Period (last page this line number only).....	

12030840526

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) Kristi Risk		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 28.19 <i>Spack Meal - To be reimbursed. See Sch B</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,656.60	

Full Name (Last, First, Middle Initial) Kristi Risk		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 24.61 <i>Spack Meal - To be reimbursed. See Sch B</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,681.21	

Full Name (Last, First, Middle Initial) Kristi Risk		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 32.00 <i>Fuel - To be reimbursed. See Sch B</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer SOCS Corp	Occupation Sub Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,713.21	

SUBTOTAL of Receipts This Page (optional).....	84.80
TOTAL This Period (last page this line number only).....	

12030840527

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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Kristi Risk

Mailing Address
1206 W. Thornridge Way

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

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

Name of Employer **SOCS Corp** Occupation **Sub Teacher**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
, , **1,756.21**

Date of Receipt

05 / **01** / **2012**

Amount of Each Receipt this Period

43.00

*Fuel - To be reimbursed.
See Sch B*

Full Name (Last, First, Middle Initial)

B. Kristi Risk

Mailing Address
1206 W. Thornridge Way

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

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

Name of Employer **SOCS Corp** Occupation **Sub Teacher**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
, , **1,828.21**

Date of Receipt

04 / **30** / **2012**

Amount of Each Receipt this Period

72.00

*Fuel - To be reimbursed.
See Sch B*

Full Name (Last, First, Middle Initial)

C. Kristi Risk

Mailing Address
1206 W. Thornridge Way

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

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

Name of Employer **SOCS Corp** Occupation **Sub Teacher**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
, , **1,873.22**

Date of Receipt

05 / **02** / **2012**

Amount of Each Receipt this Period

45.01

*Fuel - To be reimbursed.
See Sch B*

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

, , **160.01**

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

, , .

12030840528

**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"/> 13
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Kristi Risk		Date of Receipt
Mailing Address 1206 W. Thornridge Way		^M 05 / ^D 06 / ^Y 2012
City Spencer	State IN	Zip Code 47460
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 147.95
Name of Employer SOCS Corp	Occupation Sub Teacher	<i>Hotel Meal - To be reimbursed. See Sch B</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,021.17	

B. Kristi Risk		Date of Receipt
Mailing Address 1206 W. Thornridge Way		^M 04 / ^D 24 / ^Y 2012
City Spencer	State IN	Zip Code 47460
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 90.00
Name of Employer SOCS Corp	Occupation Sub Teacher	<i>Fuel - To be reimbursed. See Sch B</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,111.17	

C. Kristi Risk		Date of Receipt
Mailing Address 1206 W. Thornridge Way		^M 04 / ^D 26 / ^Y 2012
City Spencer	State IN	Zip Code 47460
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 71.17
Name of Employer SOCS Corp	Occupation Sub Teacher	<i>Fuel - To be reimbursed. See Sch B</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,182.34	

SUBTOTAL of Receipts This Page (optional).....	309.12
TOTAL This Period (last page this line number only).....	

12030840529

**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"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Kristi Risk

Mailing Address

1206 W. Thornridge Way

City

Spencer

State

IN

Zip Code

47460

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

SOCS Corp SOCS Corp

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, , 2,230.49

Date of Receipt

05 / 08 / 2012

Amount of Each Receipt this Period

48.15

*Full - To be reimbursed.
See Sch B*

Full Name (Last, First, Middle Initial)

B. Reid, Deborah

Mailing Address

7677 Hillsboro Dr.

City

Newburgh

State

IN

Zip Code

47630

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

Rick Reid Appraisal

Occupation

Bookkeeper

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, , 350.00

Date of Receipt

04 / 24 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lewinski, Michael

Mailing Address

10073 E. St. Rd. 66

City

Dubois

State

IN

Zip Code

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

Retired

Occupation

N/A

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, , 2,330.11

Date of Receipt

05 / 01 / 2012

Amount of Each Receipt this Period

720.00

*Radio Ads - To be
reimbursed. See sch B*

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

818.15

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

12030840530

**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. Fithian, Bruce		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address 5637 Jackman Hill Rd		Amount of Each Receipt this Period 150.00
City Shoals	State Zip Code IN 47581	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 300.00
Name of Employer B-D Construction	Occupation Contractor Contractor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
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	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
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).....	150.00
TOTAL This Period (last page this line number only).....	8,915.22

12030840531

**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	FEC MAIL CENTER
--	-----------------

Full Name (Last, First, Middle Initial) A. Sunrise Fuel		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 7795 Park Place Dr		Amount of Each Disbursement this Period 81.01
City Newburgh	State IN	
Purpose of Disbursement 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: 08		

Full Name (Last, First, Middle Initial) B. Chuckles		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 501 N Fares Ave		Amount of Each Disbursement this Period 25.96
City Evansville	State IN	
Purpose of Disbursement 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: 08		

Full Name (Last, First, Middle Initial) C. Vest Quik Mart		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 820 S Commercial		Amount of Each Disbursement this Period 22.00
City Worthington	State IN	
Purpose of Disbursement 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: 08		

SUBTOTAL of Disbursements This Page (optional).....	128.97
TOTAL This Period (last page this line number only).....	

12030840532

**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. Pilot

Mailing Address

4376 N SR 59

City

Brazil

State

IN

Zip Code

47834

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 24 / 2012

Amount of Each Disbursement this Period

77.03

B. Speedway

Mailing Address

719 W Morgan

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 30 / 2012

Amount of Each Disbursement this Period

84.00

C. Casey's

Mailing Address

810 E Park St

City

Fort Branch

State

IN

Zip Code

47640

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 28 / 2012

Amount of Each Disbursement this Period

75.00

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

236.03

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

12030840533

**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)		Date of Disbursement
A. Pilot		05 / 02 / 2012
Mailing Address 1042 E Warrenton		Amount of Each Disbursement this Period 52.00
City Haubstadt	State IN	
Zip Code 47639		Category/ Type
Purpose of Disbursement Fuel		
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)		Date of Disbursement
B. Speedway		05 / 08 / 2012
Mailing Address 719 W Morgan		Amount of Each Disbursement this Period 100.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel		
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)		Date of Disbursement
C. Gasoline Alley		05 / 05 / 2012
Mailing Address 3526 INterstate Dr		Amount of Each Disbursement this Period 73.01
City Evansville	State IN	
Zip Code 47711		Category/ Type
Purpose of Disbursement Fuel		
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).....	225.01
TOTAL This Period (last page this line number only).....	

12030840534

**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)		Date of Disbursement
A. Speedway		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address 719 W Morgan		05 / 08 / 2012
City Spencer	State IN	Zip Code 47460
Purpose of Disbursement Fuel	Amount of Each Disbursement this Period	
Candidate Name Kristi Risk	, , 80.00	
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)		Date of Disbursement
B. Speedway		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address 719 W Morgan		05 / 08 / 2012
City Spencer	State IN	Zip Code 47460
Purpose of Disbursement Fuel	Amount of Each Disbursement this Period	
Candidate Name Kristi Risk	, , 30.00	
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)		Date of Disbursement
C. Speedway		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address 719 W Morgan		05 / 08 / 2012
City Spencer	State IN	Zip Code 47460
Purpose of Disbursement Fuel	Amount of Each Disbursement this Period	
Candidate Name Kristi Risk	, , 28.59	
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).....	, , 138.59
TOTAL This Period (last page this line number only).....	, ,

12030840535

**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)

Date of Disbursement

04 / 28 / 2012

A. Denny's Restaurant

Mailing Address

3901 Hwy 41 N

City

Evansville

State

IN

Zip Code

47711

Amount of Each Disbursement this Period

16.90

Purpose of Disbursement

Staff Meals

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 23 / 2012

B. Pilot Travel Centers

Mailing Address

1042 E Warrenton Rd

City

Haubstadt

State

IN

Zip Code

47639

Amount of Each Disbursement this Period

25.83

Purpose of Disbursement

Staff Meals

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 03 / 2012

C. Panera Bread

Mailing Address

Cafe 1020

City

Evansville

State

IN

Zip Code

47715

Amount of Each Disbursement this Period

32.76

Purpose of Disbursement

Staff Meals

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

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

75.49

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

12030840536

**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. Marathon		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 10 E Route 68		Amount of Each Disbursement this Period 61.00
City Lynnville	State IN	
Zip Code 47619		Category/ Type
Purpose of Disbursement Fuel		
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. Hilltop Grove		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 3714 Detroy Rd		Amount of Each Disbursement this Period 150.00
City Evansville	State IN	
Zip Code 47720		Category/ Type
Purpose of Disbursement Fundraiser Building Rental		
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. Speedway		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 719 W Morgan		Amount of Each Disbursement this Period 73.01
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel		
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).....	284.01
TOTAL This Period (last page this line number only).....	

12030840537

**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

12030840538

Full Name (Last, First, Middle Initial) A. Rick Reid for Commissioner		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 7677 Hillsboro Dr.		Amount of Each Disbursement this Period 200.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Contribution		
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: 08	

Full Name (Last, First, Middle Initial) B. Owen County Women's Center for Ministries		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 751 E. Franklin		Amount of Each Disbursement this Period 200.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Contribution		
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: 08	

Full Name (Last, First, Middle Initial) C. David Risk		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 300.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Staff Salary - Final		
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: 08	

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		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)		Date of Disbursement
A. Speedway		M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 719 W Morgan		Amount of Each Disbursement this Period
City Spencer	State IN	
Zip Code 47460		
Purpose of Disbursement 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: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Midwest Communications		M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 824 S 3rd St		Amount of Each Disbursement this Period
City Terre Haute	State IN	
Zip Code 47807		
Purpose of Disbursement Radio Ads		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: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Midwest Communications		M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 824 S 3rd St		Amount of Each Disbursement this Period
City Terre Haute	State IN	
Zip Code 47807		
Purpose of Disbursement Radio Ads		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: 08	

SUBTOTAL of Disbursements This Page (optional)	, , 321.00
TOTAL This Period (last page this line number only)	, , .

12030840539

**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)

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<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. Townsquare Media

Mailing Address

117 SE 5th Street

City

Evansville

State

IN

Zip Code

47705

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 21 / 2012

Amount of Each Disbursement this Period

245.00

Full Name (Last, First, Middle Initial)

B. Midwest Communications

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 24 / 2012

Amount of Each Disbursement this Period

216.00

Full Name (Last, First, Middle Initial)

C. Midwest Communications

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 30 / 2012

Amount of Each Disbursement this Period

605.00

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

1,066.00

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

12030840540

**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)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 23 / 2012

A. Constant Contact

Mailing Address

1601 Trapelo Road

City

Waltham

State

MA

Zip Code

02451

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement

E-Mail Marketing

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 21 / 2012

B. USPS

Mailing Address

30 S. Washington

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement

Stamps

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 23 / 2012

C. Crawford County GOP

Mailing Address

Hwy 66

City

English

State

IN

Zip Code

47118

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement

Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

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

90.00

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

12030840541

**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)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 27 / 2012

A. Townsquare Media

Mailing Address

117 SE 5th Street

City

Evansville

State

IN

Zip Code

47705

Amount of Each Disbursement this Period

58.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 27 / 2012

B. Townsquare Media

Mailing Address

117 SE 5th Street

City

Evansville

State

IN

Zip Code

47705

Amount of Each Disbursement this Period

58.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 28 / 2012

C. Townsquare Media

Mailing Address

117 SE 5th Street

City

Evansville

State

IN

Zip Code

47705

Amount of Each Disbursement this Period

430.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 08

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

546.00

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

12030840542

**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)

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<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. Vigo County GOP		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 04 / 27 / 2012
Mailing Address 33 S 3rd St		Amount of Each Disbursement this Period 230.00
City Terre Haute	State IN	
Zip Code 47705		Category/ Type
Purpose of Disbursement Lincoln Day Dinner Sponsorship		
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. World Arts		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 04 / 27 / 2012
Mailing Address 156 E. Franklin St.		Amount of Each Disbursement this Period 306.45
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement 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: 08		

Full Name (Last, First, Middle Initial) C. Valley Press		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 04 / 28 / 2012
Mailing Address 629 S 9th St		Amount of Each Disbursement this Period 1,200.00
City Terre Haute	State IN	
Zip Code 47807		Category/ Type
Purpose of Disbursement Newspaper Advertisement		
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).....	1,736.45
TOTAL This Period (last page this line number only).....	

12030840543

**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)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. FTIN Solutions

Date of Disbursement

04 / 24 / 2012

Mailing Address

325 East Jimmie Leeds Road, Ste 117

City State Zip Code

Galloway NJ 08205

Amount of Each Disbursement this Period

940.30

Purpose of Disbursement

Phone Banking Services

Candidate Name

Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

Full Name (Last, First, Middle Initial)

B. Casey's

Date of Disbursement

04 / 26 / 2012

Mailing Address

601 W State Highway 46

City State Zip Code

Spencer IN 47460

Amount of Each Disbursement this Period

71.17

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

Full Name (Last, First, Middle Initial)

C. Speedway

Date of Disbursement

04 / 30 / 2012

Mailing Address

2135 Wabash Ave

City State Zip Code

Terre Haute IN 47807

Amount of Each Disbursement this Period

60.00

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

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

1,071.47

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

12030840544

**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)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M04 / ^D22 / ^Y2012

A. Vanderburgh GOP

Mailing Address

815 John St., Ste. 110

City

Evansville

State

IN

Zip Code

47711

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement

Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M05 / ^D02 / ^Y2012

B. Marathon

Mailing Address

805 E Oak St

City

Fort Branch

State

IN

Zip Code

47648

Amount of Each Disbursement this Period

45.01

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M04 / ^D30 / ^Y2012

C. Park County GOP

Mailing Address

2135 Wabash Ave

City

Rockville

State

IN

Zip Code

47872

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

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

420.01

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

12030840545

**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)		Date of Disbursement
A. Townsquare Media		M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 117 SE 5th St		Amount of Each Disbursement this Period 461.00
City Evansville	State IN	
Zip Code 47705		
Purpose of Disbursement Radio Ads		
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)		Date of Disbursement
B. Townsquare Media		M M / D D / Y Y Y Y 05 / 05 / 2012
Mailing Address 117 SE 5th St		Amount of Each Disbursement this Period 165.00
City Evansville	State IN	
Zip Code 47705		
Purpose of Disbursement Radio Ads		
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)		Date of Disbursement
C. Clay County GOP		M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 120 S. Franklin St.		Amount of Each Disbursement this Period 10.00
City Brazil	State IN	
Zip Code 47834		
Purpose of Disbursement Lincoln Day Dinner		
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).....	636.00
TOTAL This Period (last page this line number only).....	

12030840546

**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)

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<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)

Date of Disbursement

^M05 / ^D08 / ^Y2012

A. Constant Contact

Mailing Address

1601 Trapelo Road

City

Waltham

State

NJ

Zip Code

02451

Amount of Each Disbursement this Period

105.80

Purpose of Disbursement

Service Fees

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M05 / ^D05 / ^Y2012

B. Supersports

Mailing Address

2119 E Morgan Ave

City

Martinsville

State

IN

Zip Code

46151

Amount of Each Disbursement this Period

256.80

Purpose of Disbursement

Campaign T-Shirts

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M05 / ^D03 / ^Y2012

C. Michael Lewinski

Mailing Address

10073 E. State Rd. 56

City

Dubois

State

IN

Zip Code

47527

Amount of Each Disbursement this Period

720.00

Purpose of Disbursement

Reimbursement for Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

*Reimbursement for
Radio Ads.
See Sch A*

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

1,082.60

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

12030840547

**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. Facebook		Date of Disbursement 05 / 05 / 2012
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 149.87
City Menlo Park	State CA	
Zip Code 02451		Category/ Type
Purpose of Disbursement Advertising		
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: 08	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement 05 / 06 / 2012
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 144.16
City Menlo Park	State CA	
Zip Code 02451		Category/ Type
Purpose of Disbursement Advertising		
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: 08	

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement 05 / 07 / 2012
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 150.00
City Menlo Park	State IN	
Zip Code 02451		Category/ Type
Purpose of Disbursement Advertising		
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: 08	

SUBTOTAL of Disbursements This Page (optional).....	444.03
TOTAL This Period (last page this line number only).....	

12030840548

**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)

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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)

Date of Disbursement

05 / 08 / 2012

A. Facebook

Mailing Address

1601 Willow Road

City

Menlo Park

State

CA

Zip Code

02451

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement

Advertising

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 09 / 2012

B. Facebook

Mailing Address

1601 Willow Road

City

Menlo Park

State

CA

Zip Code

02451

Amount of Each Disbursement this Period

66.83

Purpose of Disbursement

Advertising

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 03 / 2012

C. Daviess County GOP

Mailing Address

City

Washington

State

IN

Zip Code

47501

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement

Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

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

316.83

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

12030840549

**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

12030840550

Full Name (Last, First, Middle Initial) A. Via Media		Date of Disbursement 05 / 08 / 2012
Mailing Address 901 Wabash Ave		Amount of Each Disbursement this Period 350.00
City Terre Haute	State IN	
Zip Code 47807		Category/ Type
Purpose of Disbursement Television Commercial Production		
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. Via Media		Date of Disbursement 05 / 09 / 2012
Mailing Address 901 Wabash Ave		Amount of Each Disbursement this Period 6,874.50
City Terre Haute	State IN	
Zip Code 47807		Category/ Type
Purpose of Disbursement Television Air Time		
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. Kristi Risk		Date of Disbursement 05 / 25 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 1,583.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Reimbursement for Victory Enterprises		
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)	8,807.50
TOTAL This Period (last page this line number only)

*Reimbursement for sign
See Sub A*

**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)		Date of Disbursement
A. Caseys		05 / 08 / 2012
Mailing Address 1910 Oak Hill Rd		Amount of Each Disbursement this Period 73.00
City Evansville	State IN	
Zip Code 47711		Category/ Type
Purpose of Disbursement Fuel		
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: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Constant Contact		05 / 23 / 2012
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00
City Waltham	State NJ	
Zip Code 02451		Category/ Type
Purpose of Disbursement E-Mail Marketing		
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: 08	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Constant Contact		06 / 23 / 2012
Mailing Address 1601 Trapelo		Amount of Each Disbursement this Period 35.00
City Waltham	State NJ	
Zip Code 02451		Category/ Type
Purpose of Disbursement E-Mail Marketing		
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: 08	

SUBTOTAL of Disbursements This Page (optional).....	143.00
TOTAL This Period (last page this line number only).....	

12030840551

**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. William Powell

Date of Disbursement

06 / 29 / 2012

Mailing Address

1138 W. Thornridge Way

Amount of Each Disbursement this Period

400.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Staff Salary - Final Payment

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. Friends of Scott Bieniek

Date of Disbursement

06 / 29 / 2012

Mailing Address

PO Box 54

Amount of Each Disbursement this Period

250.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Contribution

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)

C. Kristi Risk

Date of Disbursement

06 / 29 / 2012

Mailing Address

1206 W. Thornridge Way

Amount of Each Disbursement this Period

643.00

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Reimbursement of Campaign Expenses

Category/
Type

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

*Reimbursement - Staff meals and
fuel.
See Sch A's*

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

1,293.00

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

12030840552

**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)

Date of Disbursement

04 / 21 / 2012

A. Hainey, Roger

Mailing Address

3258 Hale Hill Rd

City
Poland

State
IN

Zip Code

47868

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Lumber for Signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 24 / 2012

B. Hainey, Roger

Mailing Address

3258 Hale Hill Rd

City
Poland

State
IN

Zip Code

47868

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Lumber for Signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 27 / 2012

C. Hainey, Roger

Mailing Address

3258 Hale Hill Rd

City
Poland

State
IN

Zip Code

47868

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Lumber for Signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

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

1,500.00

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

12030840553

**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, Kelsie M.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 150.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Closeout Salary		
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: 08	

Full Name (Last, First, Middle Initial) B. Hughes, Yvonne, for Warrick County Clerk		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address P.O. Box 467		Amount of Each Disbursement this Period 100.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Contribution		
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: 08	

Full Name (Last, First, Middle Initial) C. WGBF-AM 1280 News Talk Radio		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 25217 Network Place		Amount of Each Disbursement this Period 86.00
City Chicago	State IL	
Zip Code 60673		Category/ Type
Purpose of Disbursement Radio Ads		
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: 08	

SUBTOTAL of Disbursements This Page (optional).....	336.00
TOTAL This Period (last page this line number only).....	

12030840554

**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. Hailey, Roger		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2012
Mailing Address 3258 Hale Hill Rd		Amount of Each Disbursement this Period 500.00
City Poland	State IN	
Zip Code 47868		Category/ Type
Purpose of Disbursement Lumber for Signs		
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. WIBQ-FM		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address 824 S. 3rd St		Amount of Each Disbursement this Period 99.00
City Terre Haute	State IN	
Zip Code 47807		Category/ Type
Purpose of Disbursement Radio Ads		
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. McDonald's		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 1450 E Nat'l Hwy		Amount of Each Disbursement this Period 26.83
City Washington	State IN	
Zip Code 47501		Category/ Type
Purpose of Disbursement Staff Meals		
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).....	625.83
TOTAL This Period (last page this line number only).....	

12030840555

**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)

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<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)

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

A. WIBQ - 98.5

Mailing Address
824 3rd St

City State Zip Code
Terre Haute IN 47807

Amount of Each Disbursement this Period

96.00

Purpose of Disbursement
Radio Ads

Candidate Name
Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

B. WPRS-AM

Mailing Address
824 S 3rd St

City State Zip Code
Terre Haute IN 47807

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
Radio Ads

Candidate Name
Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

C. WMGI-FM

Mailing Address
S 3rd St

City State Zip Code
Terre Haute IN 47807

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
Radio Ads

Candidate Name
Kristi Risk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: **IN** District: **08**

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

141.00

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

12030840556

**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)

Date of Disbursement

^M05 / ^D06 / ^Y2012

A. Circle K

Mailing Address

1201 W Columbia

City

Evansville

State

IN

Zip Code

47501

Amount of Each Disbursement this Period

7.68

Purpose of Disbursement

Staff Drinks

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M04 / ^D30 / ^Y2012

B. 100.7 Mix FM

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M04 / ^D30 / ^Y2012

C. WPRS-AM

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

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

132.68

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

22,497.50

12030840557

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

7/13/12

DATE PREPARED

12030840558