

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 APR 19 AM 11:49

Office Use Only FEC MAIL CENTER

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 SPENCER IN 47460-7185

2. FEC IDENTIFICATION NUMBER C 00500942 3. IS THIS REPORT NEW OR AMENDED IN 08

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2012 through 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 William J. Powell

Signature of Treasurer [Signature] Date 04 / 13 / 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.

12030790626

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: 01^M / 01^D / 2012^Y To: 03^M / 31^D / 2012^Y

	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))	, 18,314.58	, 42,296.72
(b) Total Contribution Refunds (from Line 20(d))	, 2,500.00	, 2,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 15,814.58	, 39,796.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 21,508.86	, 34,531.32
(b) Total Offsets to Operating Expenditures (from Line 14)	, 2,500.00	, 2,500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 17,200.86	, 32,031.32
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 7,973.46	
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

12030790627

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: ^M01 / ^D01 / ^Y2012 To: ^M03 / ^D31 / ^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).....	13,645.84	26,405.54
(ii) Unitemized.....	4,035.00	13,243.01
(iii) TOTAL of contributions from individuals ▶	17,680.84	39,648.55
(b) Political Party Committees.....	.	.
(c) Other Political Committees (such as PACs).....	.	.
(d) The Candidate.....	633.74	2,648.17
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18,314.58	42,296.72

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 , 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)..... ▶

, 20,814.58 , 44,796.72

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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.....	21,508.86	33,528.45
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	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	2,500.00
21. OTHER DISBURSEMENTS		1,002.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24,008.86	37,031.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10,959.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20,814.58
25. SUBTOTAL (add Line 23 and Line 24).....	31,774.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24,008.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7,765.40

12030790629

**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

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)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Straw, Scott		Date of Receipt
Mailing Address 1900 Westridge Dr		M M / D D / Y Y Y Y 03 / 31 / 2012
City Mt. Vernon	State IN	Zip Code 47620
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Sabic Innovative Plasti		, , 500.00
Occupation Lab Tech Lab Tech		
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. Dunbar, Bill		Date of Receipt
Mailing Address 2303 N 9th St.		M M / D D / Y Y Y Y 02 / 26 / 2012
City Terre Haute	State IN	Zip Code 47804
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Dunbar & Associates		, , 1,000.00
Occupation Self Employed		
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. Zigler, David		Date of Receipt
Mailing Address 2920 S 450 E		M M / D D / Y Y Y Y 03 / 24 / 2012
City Francisco	State IN	Zip Code 47649
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Vanderburgh School		, , 100.00
Occupation Bus Driver		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
, , 200.00		

SUBTOTAL of Receipts This Page (optional).....	, , 1,600.00
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:		PAGE		OF
	(check only one)	<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. Hamey, Ray		Date of Receipt M M / D D / Y Y Y Y 03 / 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 380.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 380.00	

Full Name (Last, First, Middle Initial) B. Lewinski, Michael		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 100.00
City Dubois	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 510.11
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 510.11	

Full Name (Last, First, Middle Initial) C. Healy, John Michael		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address PO Box 146		Amount of Each Receipt this Period 200.00
City Montgomery	State Zip Code IN 47588	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00
Name of Employer Jones & Sons	Occupation CPA	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	325.00
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	<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. Morris, Nina Jo		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 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		, , 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

Full Name (Last, First, Middle Initial) B. Lewinski, Michael		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 100.00
City Dubois	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		, , 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 306.11	

Full Name (Last, First, Middle Initial) C. Lewinski, Michael		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 100.00
City Dubois	State Zip Code IN 47572	
FEC ID number of contributing federal political committee. C 00500942		, , 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 410.10	

SUBTOTAL of Receipts This Page (optional).....	, , 300.00
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	<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. Morris, Nina Jo		Date of Receipt MM / DD / YYYY 02 / 17 / 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 125.00
Name of Employer Home	Occupation maker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00	

Full Name (Last, First, Middle Initial) B. Morris, Nina Jo		Date of Receipt MM / DD / YYYY 02 / 17 / 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 225.00
Name of Employer Homemaker	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. Morris, Nina Jo		Date of Receipt MM / DD / YYYY 03 / 01 / 2012
Mailing Address 3447 Williams Rd.		Amount of Each Receipt this Period 50.00
City Gosport	State Zip Code IN 47433	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 275.00
Name of Employer Homemaker	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

SUBTOTAL of Receipts This Page (optional).....	250.00
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	<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. Reid, Deborah		Date of Receipt MM / DD / YYYY 01 / 27 / 2012
Mailing Address 7677 Hillsboro Dr		Amount of Each Receipt this Period 100.00
City Newburgh	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Real Estate Appraiser	
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. Reid, Deborah		Date of Receipt MM / DD / YYYY 02 / 17 / 2012
Mailing Address 7677 Hillsboro Dr		Amount of Each Receipt this Period 100.00
City Newburgh	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Real Estate Appraiser	
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. Rhea, Timothy		Date of Receipt MM / DD / YYYY 01 / 05 / 2012
Mailing Address 4501 S. Posey Co. Line Rd.		Amount of Each Receipt this Period 100.00
City Evansville	State Zip Code IN 47712	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 300.00
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	

SUBTOTAL of Receipts This Page (optional).....	300.00
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	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Curtis, Naomi		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2012
Mailing Address 2366 Briarcliff Dr.		Amount of Each Receipt this Period 500.00
City Newburgh	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Retired 1000.00	

Full Name (Last, First, Middle Initial) B. Lockhart, Casey		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 3261 Highway 62 E.		Amount of Each Receipt this Period 500.00
City BOONEVILLE	State Zip Code IN 47601	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Retired 1000.00	

Full Name (Last, First, Middle Initial) C. Lockhart, Casey		Date of Receipt M M / D D / Y Y Y Y 04 / 2012
Mailing Address 3261 Highway 62 E.		Amount of Each Receipt this Period 500.00
City BOONEVILLE	State Zip Code IN 47601	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Retired 1500.00	

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

12030790635

**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. Bonnett, Daniel		Date of Receipt M M ' D D ' Y Y Y Y 03 ' 27 ' 2012
Mailing Address 217 N. Eighth St.		Amount of Each Receipt this Period 250.00
City Farmersburg	State Zip Code IN 47850	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 270.00
Name of Employer Self	Occupation Data BASE - Installer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00	

Full Name (Last, First, Middle Initial) B. Braker, James		Date of Receipt M M ' D D ' Y Y Y Y 02 ' 23 ' 2012
Mailing Address 1700 E. Blackford Avenue		Amount of Each Receipt this Period 100.00
City Evansville	State Zip Code IN 47714	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 190.00
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 190.00	

Full Name (Last, First, Middle Initial) C. Braker, James		Date of Receipt M M ' D D ' Y Y Y Y 03 ' 24 ' 2012
Mailing Address 1700 E. Blackford Avenue		Amount of Each Receipt this Period 50.00
City Evansville	State Zip Code IN 47714	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 240.00
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 240.00	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

12030790636

**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"/> 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)
JARISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Harney, Ray		Date of Receipt M M / D D / Y Y Y Y 01 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 330.00
Name of Employer none	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 330.00	

Full Name (Last, First, Middle Initial) B. Harney, Ray		Date of Receipt M M / D D / Y Y Y Y 02 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 355.00
Name of Employer none	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 355.00	

Full Name (Last, First, Middle Initial) C. Jordan, Marlon		Date of Receipt M M / D D / Y Y Y Y 02 25 / 2012
Mailing Address 1524 Glen Eden Ln.		Amount of Each Receipt this Period 400.00
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 self	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

12030790637

**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. Scott, Cynthia		Date of Receipt 01 / 22 / 2012
Mailing Address 7399 Lenn Lane		Amount of Each Receipt this Period 2000.00
City Newburgh	State Zip Code IN 47630	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 2000.00
Name of Employer Old NATIONAL BANK	Occupation ACCOUNT MANAGER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Menner, Linda		Date of Receipt 03 / 24 / 2012
Mailing Address 5444 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 Un known	Occupation Un known	
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) C. Smeltzer, Douglas		Date of Receipt 02 / 12 / 2012
Mailing Address 3403 Westward Rd.		Amount of Each Receipt this Period 200.00
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00
Name of Employer NFWC Crane	Occupation Electrical Engineer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	, , 2400.00
TOTAL This Period (last page this line number only).....	, , .

12030790638

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Rhea, Timothy		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 4501 S. Posey Countyline Rd.		Amount of Each Receipt this Period 100.00
City Evansville	State Zip Code IN 47712	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Singer, Patricia		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2012
Mailing Address 8333 Southport Dr.		Amount of Each Receipt this Period 300.00
City Evansville	State Zip Code IN 47711	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 930.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 930.00	

Full Name (Last, First, Middle Initial) C. Smith, Michael		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 13061 Callaway Ct.		Amount of Each Receipt this Period 250.00
City Fishers	State Zip Code IN 46037	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 250.00
Name of Employer Federal Express	Occupation AMT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

12030790639

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. Straw, Scott		Date of Receipt
Mailing Address 1900 Westridge Dr		M M / D D / Y Y Y Y 03 / 31 / 2012
City Mt. Vernon	State IN	Zip Code 47620
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Sabic Innovative Plasti	Occupation Lab Tech Lab Tech	, , 500.00
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. Dunbar, Bill		Date of Receipt
Mailing Address 2303 N 9th St.		M M / D D / Y Y Y Y 02 / 26 / 2012
City Terre Haute	State IN	Zip Code 47804
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Dunbar & Associates	Occupation Self Employed	, , 1,000.00
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. Zigler, David		Date of Receipt
Mailing Address 2920 S 450 E		M M / D D / Y Y Y Y 03 / 24 / 2012
City Francisco	State IN	Zip Code 47649
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period
Name of Employer Vanderburgh School G	Occupation Bus Driver	, , 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 200.00

SUBTOTAL of Receipts This Page (optional).....	, , 1,600.00
TOTAL This Period (last page this line number only).....	, , 20,748.06

12030790640

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

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

FOR LINE NUMBER:		PAGE		OF						
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<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. Morris, Nina Jo		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 3447 Williams Rd		Amount of Each Receipt this Period 288.90
City Gosport	State Zip Code IN 47433	
FEC ID number of contributing federal political committee. C 00500942		<i>IN KIND</i>
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 663.90	

Full Name (Last, First, Middle Initial) B. Lewinski, Michael		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 4.01
City Dubois	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		<i>IN KIND</i>
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.11	

Full Name (Last, First, Middle Initial) C. Harney, Ray		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 208 E. York St.		Amount of Each Receipt this Period 50.00
City Rockville	State Zip Code IN 47872	
FEC ID number of contributing federal political committee. C 00500942		<i>IN KIND</i>
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 305.00	

SUBTOTAL of Receipts This Page (optional).....	342.91
TOTAL This Period (last page this line number only).....	

12030790641

**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"/> 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. Dickerson, Terry		Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Receipt this Period 100.00 <i>IN KIND</i>
City Ft. Wayne	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self	Occupation Self Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,200.00	

Full Name (Last, First, Middle Initial) B. Dickerson, Terry		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Receipt this Period 50.00 <i>IN KIND</i>
City Ft. Wayne	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self	Occupation Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,250.00	

Full Name (Last, First, Middle Initial) C. Dickerson, Terry		Date of Receipt M M / D D / Y Y Y Y 02 / 30 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Receipt this Period 50.00 <i>IN KIND</i>
City Ft. Wayne	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self	Occupation Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,300.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

12030790642

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"/> 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 for CONGRESS

A. Full Name (Last, First, Middle Initial)
Powell, William J.

Mailing Address
1138 W. Thornridge Way

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

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

Name of Employer **none** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
Retired
1500.00

Date of Receipt
01 / **02** / **2012**

Amount of Each Receipt this Period
300.00
IN KIND

B. Full Name (Last, First, Middle Initial)
Powell, William J.

Mailing Address
1138 W. Thornridge Way

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

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

Name of Employer **none** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
Retired
1800.00

Date of Receipt
02 / **06** / **2012**

Amount of Each Receipt this Period
300.00
IN KIND

C. Full Name (Last, First, Middle Initial)
Powell, William J.

Mailing Address
1138 W. Thornridge Way

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

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

Name of Employer **none** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
Retired
2100.00

Date of Receipt
03 / **05** / **2012**

Amount of Each Receipt this Period
300.00
IN KIND

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

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

900.00

12030790643

**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. Powell, William J.		Date of Receipt M M ' D D ' Y Y Y Y 01 ' 31 ' 2012
Mailing Address 1138 W. Thornridge Way		Amount of Each Receipt this Period 8.00 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		2,108.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Haney, Roger		Date of Receipt M M ' D D ' Y Y Y Y 03 ' 01 ' 2012
Mailing Address 1030 N. Main St.		Amount of Each Receipt this Period 1,500.00 <i>IN KIND</i>
City Cloverdale	State Zip Code IN 46120	
FEC ID number of contributing federal political committee. C 00500942		1,500.00
Name of Employer Cloverdale Trucking	Occupation Self Employed	
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. Lockhart, Casey		Date of Receipt M M ' D D ' Y Y Y Y 03 ' 23 ' 2012
Mailing Address 3261 Highway 62 E.		Amount of Each Receipt this Period 319.93 <i>IN KIND</i>
City Boonville	State Zip Code IN 47601	
FEC ID number of contributing federal political committee. C 00500942		1,819.93
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,827.93
TOTAL This Period (last page this line number only).....	

12030790644

**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. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 507.00	

Full Name (Last, First, Middle Initial) B. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 607.00	

Full Name (Last, First, Middle Initial) C. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 707.00	

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

12030790645

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. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 507.00	

Full Name (Last, First, Middle Initial) B. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 607.00	

Full Name (Last, First, Middle Initial) C. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00
City Princeton	State IN	
FEC ID number of contributing federal political committee. C 00500942		IN KIND
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 707.00	

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

12030790646

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 60.00 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 60.00 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 738.62	

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 26.63 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 26.63 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 765.26	

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 10.77 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 10.77 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 776.03	

SUBTOTAL of Receipts This Page (optional).....	97.40
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. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 41.51 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 41.51 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 551.51	

Full Name (Last, First, Middle Initial) B. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 61.31 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 61.31 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 612.82	

Full Name (Last, First, Middle Initial) C. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 14.98 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 14.98 <i>IN KIND</i>
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 627.80	

SUBTOTAL of Receipts This Page (optional)	117.80
TOTAL This Period (last page this line number only)	

12030790648

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

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Risk, Kristi

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

1,109.03

Date of Receipt

01 / 09 / 2012

Amount of Each Receipt this Period

35.62

IN KIND

Full Name (Last, First, Middle Initial)

B. Risk, Kristi

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

1,173.43

Date of Receipt

03 / 15 / 2012

Amount of Each Receipt this Period

64.40

IN KIND

Full Name (Last, First, Middle Initial)

C. Risk, Kristi

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

1,260.93

Date of Receipt

02 / 19 / 2012

Amount of Each Receipt this Period

87.50

IN KIND

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

187.52

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

12030790649

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 35.87 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 663.67
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 12.15 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 675.82
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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. Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 19.65 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 695.47
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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).....	67.67
TOTAL This Period (last page this line number only).....	

12030790650

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) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 47.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 823.03 <i>IN KIND</i>
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 15.05 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 838.08 <i>IN KIND</i>
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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) Risk, Kristi		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 11.99 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 850.07 <i>IN KIND</i>
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	
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).....	74.04
TOTAL This Period (last page this line number only).....	

12030790651

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

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

Risk, Kristi M.

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

875.53

Date of Receipt

03 / 18 / 2012

Amount of Each Receipt this Period

25.46

IN KIND

Full Name (Last, First, Middle Initial)

Risk, Kristi M.

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

891.10

Date of Receipt

03 / 22 / 2012

Amount of Each Receipt this Period

15.57

IN KIND

Full Name (Last, First, Middle Initial)

Risk, Kristi M.

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

Spencer Owen School

Occupation

Substitute Teacher

Receipt For:

Primary
 Other (specify)

General

Election Cycle-to-Date

906.13

Date of Receipt

02 / 16 / 2012

Amount of Each Receipt this Period

15.03

IN KIND

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

56.06

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

12030790652

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"/> 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 for CONGRESS

Full Name (Last, First, Middle Initial) Risk, Kristi M.		Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 35.62
City Spencer	State Zip Code	
FEC ID number of contributing federal political committee. C 00500942		<i>IN KIND</i>
Name of Employer Spencer Owen Schools	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1119.93	

Full Name (Last, First, Middle Initial) Risk, Kristi M.		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 26.28
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		<i>IN KIND</i>
Name of Employer Spencer Owen Schools	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,146.21	

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		
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).....	61.90
TOTAL This Period (last page this line number only).....	14,339.58

12030790653

**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. ULINE		Date of Disbursement MM / DD / YYYY 02 / 08 / 2012
Mailing Address 2200 S. Lakeside Dr.		Amount of Each Disbursement this Period 97.82
City Waukegan	State IL	
Zip Code 60085		Category/ Type
Purpose of Disbursement Doorknob Baas		
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. Denny's Rest.		Date of Disbursement MM / DD / YYYY 03 / 10 / 2012
Mailing Address Route 1, Box 254A		Amount of Each Disbursement this Period 23.00
City Haubstadt	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Meals for campaign workers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Olive GardenRest.		Date of Disbursement MM / DD / YYYY 03 / 14 / 2012
Mailing Address 3820 S. US Hwy. 41		Amount of Each Disbursement this Period 33.00
City Terre Haute	State IN	
Zip Code 47802		Category/ Type
Purpose of Disbursement Meals for Campaign Workers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	153.82
TOTAL This Period (last page this line number only).....	

12030790654

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

12030790655

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 25.46 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Food for campaign workers			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. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 15.57 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Food for campaign workers			Category/ Type
Candidate Name Kristi Risk			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8			

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 15.03 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Food for campaign workers			Category/ Type
Candidate Name Kristi Risk			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8			

SUBTOTAL of Disbursements This Page (optional).....	56.06
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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

12030790656

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 03 / 09 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 26.28 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Food for campaign workers			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. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 01 / 04 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 64.40 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Fuel for campaign vehicles			Category/ Type
Candidate Name Kristi Risk			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8			

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 02 / 19 / 2012	
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 87.50 <i>IN KIND</i>	
City Spencer	State IN		Zip Code 47460
Purpose of Disbursement Fuel for campaign vehicles			Category/ Type
Candidate Name Kristi Risk			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8			

SUBTOTAL of Disbursements This Page (optional).....	178.18
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)
KRSTI RISL for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 47.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Food for campaign workers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. Kristi Risk		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 15.05 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Food for campaign workers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Kristi Risk		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 11.99 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Food for campaign workers		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	74.04
TOTAL This Period (last page this line number only).....	

12030790657

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 1206 W Thornridge Way		Amount of Each Disbursement this Period 35.62 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		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).....	, , 35.62
TOTAL This Period (last page this line number only).....	, , .

12030790658

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Speedway Oil Co.		M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period
City Spencer	State IN	
Zip Code 47460		, , 100.00
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		Category/ Type
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	15

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Petro 376		M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 1035 W. St. Rd. 42		Amount of Each Disbursement this Period
City Brazil	State IN	
Zip Code 47834		, , 41.00
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		, , .
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <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).....	, , 141.00
TOTAL This Period (last page this line number only).....	, , .

12030790659

**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. Carroll, Wayne		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 02 / 04 / 2012
Mailing Address 5331 Pavilion Way		Amount of Each Disbursement this Period 100.00
City Louisville	State KY	
Zip Code 40291		Category/ Type
Purpose of Disbursement Speaking fee for Campaign Rally		
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. Deluxe Checks		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 03 / 20 / 2012
Mailing Address 3680 Victoria St. N.		Amount of Each Disbursement this Period 15.20
City Shoreview	State IN	
Zip Code 55126		Category/ Type
Purpose of Disbursement Checks		
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. World Arts, Inc.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 02 / 24 / 2012
Mailing Address 156 E. Franklin St.		Amount of Each Disbursement this Period 477.36
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Brochures		
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).....	592.56
TOTAL This Period (last page this line number only).....	

12030790660

**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

01 / 04 / 2012

A. World Arts, Inc.

Mailing Address

156 E. Franklin St.

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

708.25

Purpose of Disbursement

Purchase Campaign Flyers

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 11 / 2012

B. World Arts, Inc.

Mailing Address

156 E. Franklin St.

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

80.69

Purpose of Disbursement

Purchase Campaign Flyers

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 21 / 2012

C. World Arts, Inc.

Mailing Address

156 E. Franklin St.

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

58.53

Purpose of Disbursement

Purchase Campaign Flyers

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

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

847.47

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

12030790661

**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. Office Depot Store

Date of Disbursement

01 / 24 / 2012

Mailing Address

100 N. Sales Dr.

City

Bloomington

State

IN

Zip Code

47404

Amount of Each Disbursement this Period

18.36

Purpose of Disbursement

Purchase Campaign Supplies

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

B. Walmart

Date of Disbursement

02 / 25 / 2012

Mailing Address

8599 High Pointe Dr.

City

Newgurgh

State

IA

Zip Code

47630

Amount of Each Disbursement this Period

25.57

Purpose of Disbursement

Purchase Campaign Supplies

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

C. Heritage Signs

Date of Disbursement

01 / 09 / 2012

Mailing Address

4100 Bob Wallace Ave. S.W.

City

Huntsville

State

AL

Zip Code

35805

Amount of Each Disbursement this Period

4349.40

Purpose of Disbursement

Yard Signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

SUBTOTAL of Disbursements This Page (optional).....	4393.33
TOTAL This Period (last page this line number only).....	.

12030790662

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) Risk, Kristi		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 01 / 13 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 13.65 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 663.67
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	Amount of Each Receipt this Period 663.67
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) Risk, Kristi		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 01 / 19 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 6.93 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 670.60
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	Amount of Each Receipt this Period 670.60
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) Risk, Kristi		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 01 / 14 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 10.77 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 678.63
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Spencer Owen School	Occupation Substitute Teacher	Amount of Each Receipt this Period 678.63
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)	31.35
TOTAL This Period (last page this line number only)	

12030790663

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

12030790664

Full Name (Last, First, Middle Initial) A. Sean Selby		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 5701 Lost Bend Ln.		Amount of Each Disbursement this Period \$ \$ \$ 300.00
City Evansville	State IN	
Zip Code 47715		Category/ Type
Purpose of Disbursement Campaign Managers Final Salary		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Zachary S. Kester		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 207 W. Main St.		Amount of Each Disbursement this Period \$ \$ \$ 315.00
City Plainfield	State IA	
Zip Code 46168		Category/ Type
Purpose of Disbursement Pay for Legal Service		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Jasper Inn & Convention Center		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 951 Wernsing Rd.		Amount of Each Disbursement this Period \$ \$ \$ 89.55
City Jasper	State IN	
Zip Code 47546		Category/ Type
Purpose of Disbursement Campaign Lodging		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ \$ 704.55
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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Heritage Signs		M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 4100 Bob Wallace Ave. S.W.		Amount of Each Disbursement this Period
City Huntville	State AL	
Zip Code 35805		, , 2646.17
Purpose of Disbursement Campaign Signs		
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. ULINE		M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 2200 S. Lakeside Drive		Amount of Each Disbursement this Period
City Waukegan	State IL	
Zip Code 60085		, , 97.76
Purpose of Disbursement Doorknob Hangers		
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. World Arts Inc.		M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 156 E. Franklin St.		Amount of Each Disbursement this Period
City Spencer	State IN	
Zip Code 47460		, , 708.25
Purpose of Disbursement Campaign Flyers		
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	, , 3452.18
TOTAL This Period (last page this line number only).....	, , .

12030790665

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Speedway Oil Company

Mailing Address

719 W. Morgan St.

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Fuel for camoaian vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

03 / 19 / 2012

Amount of Each Disbursement this Period

79.00

Full Name (Last, First, Middle Initial)

B. Circle S Marathon

Mailing Address

5511 Epworth Rd.

City

Newburgh

State

IN

Zip Code

47630

Purpose of Disbursement

Fuel for camoaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

03 / 15 / 2012

Amount of Each Disbursement this Period

86.01

Full Name (Last, First, Middle Initial)

C. Speedway Oil Co.

Mailing Address

535 S. Indiana St.

City

Mooreville

State

IN

Zip Code

46158

Purpose of Disbursement

Fuel for camoaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 09 / 2012

Amount of Each Disbursement this Period

60.00

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

225.01

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

12030790666

**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. U.S. Post Office		M M / D D / Y Y Y Y 01 / 09 / 2012	
Mailing Address		Amount of Each Disbursement this Period 8.80	
City	State		Zip Code
Spencer	IN		47460
Purpose of Disbursement Campaign Postage			Category/ Type
Candidate Name Kristi Risk			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. U.S. Post Office		M M / D D / Y Y Y Y 01 / 13 / 2012	
Mailing Address		Amount of Each Disbursement this Period 44.00	
City	State		Zip Code
Spencer	IN		47460
Purpose of Disbursement Campaign Postage			Category/ Type
Candidate Name Kristi Risk			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Panera Bread		M M / D D / Y Y Y Y 01 / 25 / 2012	
Mailing Address Cafe 1023		Amount of Each Disbursement this Period 33.41	
City	State		Zip Code
Evansville	IN		47715
Purpose of Disbursement Campaign Workers Meal			Category/ Type
Candidate Name Kristi Risk			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8		

SUBTOTAL of Disbursements This Page (optional).....	86.21
TOTAL This Period (last page this line number only).....	

12030790667

**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

12030790668

Full Name (Last, First, Middle Initial) A. Sam's Club		Date of Disbursement MM / DD / YYYY 03 / 23 / 2012
Mailing Address 6700 E. Virginia St.		Amount of Each Disbursement this Period 160.04
City Evansville	State IN	
Zip Code 47715		Category/ Type
Purpose of Disbursement Purchases for a fund raiser meeting		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Denny's Rest.		Date of Disbursement MM / DD / YYYY 03 / 22 / 2012
Mailing Address 3901 Highway 41 N.		Amount of Each Disbursement this Period 21.00
City Evansville	State IN	
Zip Code 47711		Category/ Type
Purpose of Disbursement Campaign workers 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: 8	

Full Name (Last, First, Middle Initial) C. McDonalds		Date of Disbursement MM / DD / YYYY 03 / 16 / 2012
Mailing Address 999 E. Mount Pleasant Rd.		Amount of Each Disbursement this Period 8.48
City Evansville	State IN	
Zip Code 47725		Category/ Type
Purpose of Disbursement Campaign workers 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: 8	

SUBTOTAL of Disbursements This Page (optional).....	189.52
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)

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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

02 / 04 / 2012

A. Black Buggy Rest.

Mailing Address

4920 Dawvis Lant Dr.

City

Evansville

State

IN

Zip Code

47715

Amount of Each Disbursement this Period

33.86

Purpose of Disbursement

Campaign workers meals

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 24 / 2012

B. Taco Bell

Mailing Address

8099 W. State Route 66

City

Newburgh

State

IN

Zip Code

47630

Amount of Each Disbursement this Period

16.95

Purpose of Disbursement

Campaign workers meals

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 08 / 2012

C. Hucks store #8

Mailing Address

Hwy. 266 & State Rt.

City

Newburgh

State

IN

Zip Code

47630

Amount of Each Disbursement this Period

70.00

Purpose of Disbursement

Fuel for campaign vechile

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

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

120.81

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

12030790669

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Speedway

Date of Disbursement

03 / 02 / 2012

Mailing Address

3388 S. Us 41

City

Terre Haute

State

IN

Zip Code

47802

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

Fuel for campaign vehicle

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

B. Hucks Store

Date of Disbursement

03 / 11 / 2012

Mailing Address

3951 North Green River

City

Evansville

State

IN

Zip Code

47715

Amount of Each Disbursement this Period

60.01

Purpose of Disbursement

Fuel for campaign vehicle

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

C. Casey's General Store

Date of Disbursement

03 / 04 / 2012

Mailing Address

426 N. Lincoln Rd.

City

Rockville

State

IN

Zip Code

47872

Amount of Each Disbursement this Period

76.59

Purpose of Disbursement

Fuel for campaign vehicle

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: IN

District: 8

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

211.60

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

12030790670

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 03 / 25 / 2012
Mailing Address 600 W. Morgan St.		Amount of Each Disbursement this Period 72.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign vehicle		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Chuckles #4		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 03 / 12 / 2012
Mailing Address 1101 N. Main St.		Amount of Each Disbursement this Period 15.03
City Bicknell	State IN	
Zip Code 47512		Category/ Type
Purpose of Disbursement Fuel for campaign vehicle		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Speedway		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y 03 / 31 / 2012
Mailing Address 600 W. Morgan St.		Amount of Each Disbursement this Period 70.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign vehicle		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	157.03
TOTAL This Period (last page this line number only).....	

12030790671

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Speedway

Mailing Address
600 W. Morgan St.

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

Purpose of Disbursement
Fuel for campaign vehicle

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
03 / 28 / 2012

Amount of Each Disbursement this Period
85.00

B. Northside Citgo

Mailing Address
2707 N. Newton

City **Jasper** State **IN** Zip Code **47546**

Purpose of Disbursement
Fuel for campaign vehicle

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
03 / 18 / 2012

Amount of Each Disbursement this Period
22.01

C. Hucks Store 337

Mailing Address
3951 N. Green River Rd.

City **Evansville** State **IN** Zip Code **47715~**

Purpose of Disbursement
Fuel for campaign vehicle

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
03 / 23 / 2012

Amount of Each Disbursement this Period
85.02

SUBTOTAL of Disbursements This Page (optional).....	192.03
TOTAL This Period (last page this line number only).....	

12030790672

**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. Circle S #41		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 11001 North US 41		Amount of Each Disbursement this Period 60.01
City Evansville	State IN	
Zip Code 47711		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period 100.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Chuckles #13		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 1435 A Street NE		Amount of Each Disbursement this Period 71.00
City Linton	State IN	
Zip Code 47441		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	231.01
TOTAL This Period (last page this line number only).....	

12030790673

**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

12030790674

Full Name (Last, First, Middle Initial) A. Brazil Bp #132		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 15 / 2012
Mailing Address 1030 West State Rd. 42		Amount of Each Disbursement this Period 60.00
City Brazil	State IN	
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Chuckles #8		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 19 / 2012
Mailing Address 1600 W. Broadway		Amount of Each Disbursement this Period 62.69
City Princeton	State IN	
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Speedway		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 24 / 2012
Mailing Address 715 W. Morgan St.		Amount of Each Disbursement this Period 61.03
City Linton	State IN	
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	183.72
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

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

MM / DD / YYYY
01 / 31 / 2012

A. Casey's General Store #2364

Mailing Address

635 W. State Road 46

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

60.00

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

B. Speedway

Mailing Address

719 W Morgan St.

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

C. Speedway

Mailing Address

719 W. Morgan St.

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

22.00

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

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

132.00

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

12030790675

**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. Hucks		^M 02 / ^D 04 / ^Y 2012
Mailing Address 2816 N. Sixth St.		Amount of Each Disbursement this Period
City	State	
Vincennes	IN	70.00
Zip Code		
47591		
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Circle K #120		^M 02 / ^D 11 / ^Y 2012
Mailing Address 4101 Highway 41 North		Amount of Each Disbursement this Period
City	State	
Evansville	IN	60.00
Zip Code		
47711		
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Speedway		^M 02 / ^D 15 / ^Y 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period
City	State	
Spencer	IN	95.00
Zip Code		
47460		
Purpose of Disbursement Fuel for campaign vehicles		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

12030790676

**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. Pilot #447

Mailing Address

1042 East Warrenton

City

Haubstadt

State

IN

Zip Code

47639

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 22 / 2012

Amount of Each Disbursement this Period

68.10

Full Name (Last, First, Middle Initial)

B. Hucks

Mailing Address

3951 North Green River

City

Evansville

State

IN

Zip Code

47715

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 25 / 2012

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Speedway

Mailing Address

6587 S. US 41

City

Terre Haute

State

IN

Zip Code

47802

Purpose of Disbursement

Fuel for campaign vehicles

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 23 / 2012

Amount of Each Disbursement this Period

24.49

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

172.55

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

12030790677

**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. Sam's Club		Date of Disbursement
Mailing Address 4350 S. US Hwy. 41		03 / 17 / 2012
City Terre Haute	State IN	Zip Code 47802
Purpose of Disbursement Supplies for campaign rally		Amount of Each Disbursement this Period 42.07
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

B. Speedway Oil Co.		Date of Disbursement
Mailing Address 719 W. Morgan St.		03 / 31 / 2012
City Spencer	State IN	Zip Code 47460
Purpose of Disbursement Fuel for campaign vehicles		Amount of Each Disbursement this Period 84.00
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

C. Gibson County Republican Party		Date of Disbursement
Mailing Address 702 W. Broadway St.		03 / 13 / 2012
City Princeton	State IN	Zip Code 47670
Purpose of Disbursement Lincoln Day Dinner		Amount of Each Disbursement this Period 70.00
Candidate Name Kristi Risk		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	196.07
TOTAL This Period (last page this line number only).....	

12030790678

**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 (If Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Warrick County Chamber of Commerce		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 9 West Jennings St.		Amount of Each Disbursement this Period 50.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Luncheon		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Pizza Hut		Date of Disbursement MM / DD / YYYY 03 / 08 / 2012
Mailing Address 8566 Ruffian Lane		Amount of Each Disbursement this Period 20.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Lunch		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Speedway Oil Co.		Date of Disbursement MM / DD / YYYY 03 / 13 / 2012
Mailing Address 3939 W. Third St.		Amount of Each Disbursement this Period 76.00
City Bloomington	State IN	
Zip Code 47404		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional)	146.00
TOTAL This Period (last page this line number only)	

12030790679

**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 (If Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Dubois County Republican Party

Mailing Address

1907 Newron St. (VFW Post 673)

City

Jasper

State

IN

Zip Code

47546

Purpose of Disbursement

Attend Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 20 / 2012

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Southwest Indiana Right to Life Banquet

Mailing Address

20 NW 4th St. #308

City

Evansville

State

IN

Zip Code

47708

Purpose of Disbursement

Sponcer a banquet table

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 22 / 2012

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Summers, Michael

Mailing Address

603 N. Blackfoot Dr.

City

Ellettsville

State

IN

Zip Code

47429

Purpose of Disbursement

Commissions for fund raising

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

02 / 19 / 2012

Amount of Each Disbursement this Period

219.00

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

769.00

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

12030790680

**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. NRA Banquet		M M / D D / Y Y Y Y 02 25 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Looqootee IN 45		
Purpose of Disbursement Food for campaign workers		50.00
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	Category/ Type
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Caseys Service Sta.		M M / D D / Y Y Y Y 02 28 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Spencer IN 47460		
Purpose of Disbursement Ffuel for campaign vehicles		75.00
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	Category/ Type
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Yankee town Volunteer Fire Dept		M M / D D / Y Y Y Y 03 24 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Newburgh IN 47630		
Purpose of Disbursement Luncheon for campaign workers		25.00
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	Category/ Type
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

12030790681

**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. Constant Contact

Date of Disbursement

02 / 23 / 2012

Mailing Address

1601 Trapelo

City

Waltham

State
MA

Zip Code

02451

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement

Campaign contact service

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

B. Taco Bell

Date of Disbursement

03 / 07 / 2012

Mailing Address

8099 Indiana Ave.

City

Newburgh

State
IN

Zip Code

47553

Amount of Each Disbursement this Period

16.95

Purpose of Disbursement

Food for campaign workers

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

C. FTIN Solutions

Date of Disbursement

02 / 19 / 2012

Mailing Address

325 E. Jimmie Leeds Rd., Suite 117

City

Galloway

State
NJ

Zip Code

08205

Amount of Each Disbursement this Period

728.95

Purpose of Disbursement

Phone banking leave

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

SUBTOTAL of Disbursements This Page (optional).....	780.90
TOTAL This Period (last page this line number only).....	

12030790682

**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. CVS Pharmacy		M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 582 W. Morgan St.		Amount of Each Disbursement this Period 42.79
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Computer printer ink		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. The Cartridge Depot		M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 2191/2 N. John F. Kennedy Ave.		Amount of Each Disbursement this Period 37.43
City Loogootee	State IN	
Zip Code 47553		Category/ Type
Purpose of Disbursement Computer printer ink		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Holy Family Church		M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address 950 Church Ave.		Amount of Each Disbursement this Period 40.00
City Jasper	State IN	
Zip Code 47546		Category/ Type
Purpose of Disbursement Dinner Event		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	120.22
TOTAL This Period (last page this line number only).....	

12030790683

**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. Constant Contact		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address 1601 Trapelo		03 / 06 / 2012
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Campaign contact service		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: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Speedway Oil Co.		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address 719 W. Morgan St.		01 / 25 / 2012
City Evansville	State IN	Zip Code 47712
Purpose of Disbursement Fuel for campaign workers		Amount of Each Disbursement this Period
Candidate Name Kristi Risk		63.00
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: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Donna Paul		M ^M / D ^D / Y ^Y Y ^Y Y ^Y
Mailing Address		01 / 03 / 2012
City Poseyville	State IN	Zip Code 47633
Purpose of Disbursement Candy to throw at campaign parades		Amount of Each Disbursement this Period
Candidate Name Kristi Risk		44.94
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional)	137.94
TOTAL This Period (last page this line number only)	

12030790684

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Spencer Chamber of Commerce

Mailing Address
6842 S State Rd. 161

City State Zip Code
Rockport IN 47635

Purpose of Disbursement
Rent space for campaign rally

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Date of Disbursement

01 / 26 / 2012

Amount of Each Disbursement this Period

60.00

B. Black Buggy Rest.

Mailing Address
4920 Davie Lant Dr.

City State Zip Code
Evansville IN 47715

Purpose of Disbursement
Food for campaign workers

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Date of Disbursement

01 / 25 / 2012

Amount of Each Disbursement this Period

33.86 ✓

C. Speedway Oil Co.

Mailing Address
719 W. Morgan St.

City State Zip Code
Spencer IN 47460

Purpose of Disbursement
Fuel for campaign vehicles

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Date of Disbursement

02 / 19 / 2012

Amount of Each Disbursement this Period

65.99

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

159.85

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

12030790685

**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. Warrick County Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 9 West Jennings St.		Amount of Each Disbursement this Period 50.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Luncheon		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. Pizza Hut		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012
Mailing Address 8566 Ruffian Lane		Amount of Each Disbursement this Period 20.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Lunch		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Speedway Oil Co.		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address 3939 W. Third St.		Amount of Each Disbursement this Period 219.00
City Bloomington	State IN	
Zip Code 47404		Category/ Type
Purpose of Disbursement Fuel for campaign vehicles		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	289.00
TOTAL This Period (last page this line number only).....	

12030790686

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Morris, Nina Jo		Date of Disbursement M M ' D D ' Y Y Y Y 03 ' 26 ' 2012
Mailing Address 3447 Williams Rd.		Amount of Each Disbursement this Period 288.90 <i>IN KIND</i>
City Gosport	State IN	
Zip Code 47433		Category/ Type
Purpose of Disbursement Campaign Shirts		
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. Lewinski, Michael		Date of Disbursement M M ' D D ' Y Y Y Y 01 ' 03 ' 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Disbursement this Period 4.01 <i>IN KIND</i>
City Dubois	State IN	
Zip Code 47527		Category/ Type
Purpose of Disbursement Copy Voter Lists		
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. Harney, Ray		Date of Disbursement M M ' D D ' Y Y Y Y 01 ' 18 ' 2012
Mailing Address 208 E. York St.		Amount of Each Disbursement this Period 50.00 <i>IN KIND</i>
City Rockville	State IN	
Zip Code 47872		Category/ Type
Purpose of Disbursement Newspaper Ad		
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).....	342.91
TOTAL This Period (last page this line number only).....	

12030790687

**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. Dickerson, Terry		Date of Disbursement 01 ' 13 ' 2012
Mailing Address 6315 Wilmarbee Dr.		Amount of Each Disbursement this Period 100.00 <i>IN KIND</i>
City Ft. Wayne	State IN	
Zip Code 46804		Category/ Type
Purpose of Disbursement Flyer design for Life Fund Raiser		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Dickerson, Terry		Date of Disbursement 02 ' 18 ' 2012
Mailing Address 6315 Wilmarbee Dr.		Amount of Each Disbursement this Period 50.00 <i>IN KIND</i>
City Ft. Wayne	State IN	
Zip Code 46804		Category/ Type
Purpose of Disbursement Flyer Design		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Dickerson, Terry		Date of Disbursement 02 ' 30 ' 2012
Mailing Address 6315 Wilmarbee Dr.		Amount of Each Disbursement this Period 50.00 <i>IN KIND</i>
City Ft. Wayne	State IN	
Zip Code 46804		Category/ Type
Purpose of Disbursement Flyer Design		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	.

12030790688

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Powell, William J.

Date of Disbursement

01 / 02 / 2012

Mailing Address

1138 W Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement

Treasurs salary

Candidate Name

Kristi Risk

Category/
Type

IN KIND

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

B. Powell, William J.

Date of Disbursement

02 / 06 / 2012

Mailing Address

1138 W Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement

Treasurs salary

Candidate Name

Kristi Risk

Category/
Type

IN KIND

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

C. Powell, William J.

Date of Disbursement

03 / 05 / 2012

Mailing Address

1138 W Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement

Treasurs salary

Candidate Name

Kristi Risk

Category/
Type

IN KIND

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

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

900.00

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

12030790689

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Powell, William J.

Mailing Address

1138 W. Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Mail FEC Forms

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

01 / 31 / 2012

Amount of Each Disbursement this Period

8.00

IN KIND

Full Name (Last, First, Middle Initial)

B. Haney, Roger

Mailing Address

1030 N. Main St.

City

Cloverdale

State

IN

Zip Code

46120

Purpose of Disbursement

Provided lumber for campaign signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

03 / 01 / 2012

Amount of Each Disbursement this Period

1500.

IN KIND

Full Name (Last, First, Middle Initial)

C. Lockhart, Casey

Mailing Address

3261 Highway 62 E.

City

Newburgh

State

IN

Zip Code

47601

Purpose of Disbursement

Lumber for campaign signs

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **8**

Date of Disbursement

03 / 23 / 2012

Amount of Each Disbursement this Period

319.93

IN KIND

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

1827.93

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

12030790690

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Robinson, Carol

Mailing Address
1524 S. Main St.

City **Princeton** State **IN** Zip Code **47670**

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House
 Senate
 President
State: **IN** District: **08**

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

02 / 25 / 2012

Amount of Each Disbursement this Period

100.00

IN KIND

Full Name (Last, First, Middle Initial)

B. Robinson, Carol

Mailing Address
1524 S. Main St.

City **Princeton** State **IN** Zip Code **47670**

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House
 Senate
 President
State: **IN** District: **08**

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

03 / 03 / 2012

Amount of Each Disbursement this Period

100.00

IN KIND

Full Name (Last, First, Middle Initial)

C. Robinson, Carol

Mailing Address
1524 S. Main St.

City **Princeton** State **IN** Zip Code **47670**

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House
 Senate
 President
State: **IN** District: **08**

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

03 / 10 / 2012

Amount of Each Disbursement this Period

100.00

IN KIND

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

300.00

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

12030790691

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

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

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NAME OF COMMITTEE (in Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial)
A. Robinson, Carol

Date of Disbursement
M M / D D / Y Y Y Y
03 / 17 / 2012

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Amount of Each Disbursement this Period
100.00
IN KIND

Full Name (Last, First, Middle Initial)
B. Robinson, Carol

Date of Disbursement
M M / D D / Y Y Y Y
03 / 24 / 2012

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Amount of Each Disbursement this Period
100.00
IN KIND

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

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

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

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

Amount of Each Disbursement this Period
100.00
IN KIND

SUBTOTAL of Disbursements This Page (optional)..... **300.00**

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

12030790692

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement MM / DD / YYYY 01 / 11 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 60.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Furl for campaign vehicles		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 26.63 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement By food for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement MM / DD / YYYY 01 / 13 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 10.77 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	97.40
TOTAL This Period (last page this line number only).....	

12030790693

**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
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 13 / 2012

A. Risk, Kristi M.

Mailing Address

1206 W. Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

13.65

Purpose of Disbursement

By food for campaign workers

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 14 / 2012

B. Risk, Kristi M.

Mailing Address

1206 W. Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

6.93

Purpose of Disbursement

By food for campaign workers

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 13 / 2012

C. Risk, Kristi M.

Mailing Address

1206 W. Thornridge Way

City

Spencer

State

IN

Zip Code

47460

Amount of Each Disbursement this Period

8.03

Purpose of Disbursement

Fuel for campaign workers

Category/
Type

IN KIND

Candidate Name

Kristi Risk

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 8

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

28.61

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

12030790694

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 19 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 35.87 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement By food for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 19 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 12.15 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement By food for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 22 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 19.65 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for campaign workers		
Candidate Name Kristi Risk		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	67.67
TOTAL This Period (last page this line number only).....	.

12039790695

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Risk, Kristi M.

Mailing Address
1206 W. Thornridge Way

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

Purpose of Disbursement
By food for campaign workers

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
01 / 22 / 2012

Amount of Each Disbursement this Period
41.51
IN KIND

Full Name (Last, First, Middle Initial)

B. Risk, Kristi M.

Mailing Address
1206 W. Thornridge Way

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

Purpose of Disbursement
By food for campaign workers

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
02 / 04 / 2012

Amount of Each Disbursement this Period
61.31
IN KIND

Full Name (Last, First, Middle Initial)

C. Risk, Kristi M.

Mailing Address
1206 W. Thornridge Way

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

Purpose of Disbursement
By food for campaign workers

Candidate Name
Kristi Risk

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement
M M / D D / Y Y Y Y
02 / 04 / 2012

Amount of Each Disbursement this Period
14.98
IN KIND

SUBTOTAL of Disbursements This Page (optional)..... **117.80**

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

12030790696

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway Oil Company		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 01 / 09 / 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period 35.62 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for camoaig vehicles		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) B. Speedway Oil Company		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 03 / 15 / 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period 64.40 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for camoaig vehicles		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

Full Name (Last, First, Middle Initial) C. Speedway Oil Co.		Date of Disbursement M ^M / D ^D / Y ^Y Y ^Y Y ^Y 02 / 19 / 2012
Mailing Address 719 W. Morgan St.		Amount of Each Disbursement this Period 87.50 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Fuel for camoaig vehicles		
Candidate Name Kristi Risk		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 8	

SUBTOTAL of Disbursements This Page (optional).....	187.52
TOTAL This Period (last page this line number only).....	

12030790697

**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. Wendy's Rest.		M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 3565 Newton Street		Amount of Each Disbursement this Period
City	State	
Jasper	IN	25.46
Zip Code		
47546		
Purpose of Disbursement Food fro campaign workers		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Newburgh Country Store		M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 224 W. Jennings		Amount of Each Disbursement this Period
City	State	
Newburgh	IN	26.28
Zip Code		
47630		
Purpose of Disbursement Food for campaign workers		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Victory Enterprise		M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 5200 S.W. 30th St., Ste. 7		Amount of Each Disbursement this Period
City	State	
Davenport	IA	1,583.00
Zip Code		
52802		
Purpose of Disbursement Campaign signs		Category/ Type
Candidate Name Kristi Risk		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	1634.74
TOTAL This Period (last page this line number only).....	21,508.86

12030790698

**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. Selby, Jeffery S.		Date of Disbursement MM / DD / YYYY 01 / 14 / 2012
Mailing Address 5744 Cliftmeere Dr.		Amount of Each Disbursement this Period 2500.00
City Newburgh	State IN	
Zip Code 47630		Category/ Type
Purpose of Disbursement Refund Excess Contribution		
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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: 8	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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).....	2500.00
TOTAL This Period (last page this line number only).....	

12030790699

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.

12030790700

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 4/13/12
Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER

(3/2005)

4/19/12

DATE PREPARED