



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Straw for Congress

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4277.79	4302.13
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4277.79	4302.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3962.84	3987.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3962.84	3987.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	314.95	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Straw for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250.00	250.00
(ii) Unitemized.....	723.13	723.13
(iii) TOTAL of contributions from individuals..... ▶	973.13	973.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	3304.66	3329.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4277.79	4302.13
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4277.79	4302.13

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	3962.84	3987.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>3962.84</b>	<b>3987.18</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	4277.79
25. SUBTOTAL (add Line 23 and Line 24).....	4277.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3962.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	314.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 / 57	
	(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

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

NAME OF COMMITTEE (In Full)  
Straw for Congress

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="250.00"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 54.16

Date of Receipt  

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

**Transaction ID:** SA11D.4260

Amount of Each Receipt this Period  
29.82

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 89.16

Date of Receipt  

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

**Transaction ID:** SA11D.4262

Amount of Each Receipt this Period  
35.00

In-kind - 3rd district dinner

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 119.16

Date of Receipt  

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

**Transaction ID:** SA11D.4264

Amount of Each Receipt this Period  
30.00

In-kind - ads

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 175.93

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

**Transaction ID:** SA11D.4266

Amount of Each Receipt this Period  
56.77

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 194.18

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

**Transaction ID:** SA11D.4268

Amount of Each Receipt this Period  
18.25

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 204.18

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

**Transaction ID:** SA11D.4270

Amount of Each Receipt this Period  
10.00

In-kind - food

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 57</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt
	Mailing Address 64711 Apple Ridge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Goshen	IN	46526
	FEC ID number of contributing federal political committee.		<input type="text" value="C H2IN02196"/>
Name of Employer Self		Occupation Lawyer	<b>Transaction ID:</b> SA11D.4272
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="210.77"/>	<input type="text" value="6.59"/>
<input type="checkbox"/> Other (specify) ▼			In-kind - food

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt
	Mailing Address 64711 Apple Ridge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Goshen	IN	46526
	FEC ID number of contributing federal political committee.		<input type="text" value="C H2IN02196"/>
Name of Employer Self		Occupation Lawyer	<b>Transaction ID:</b> SA11D.4274
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="218.27"/>	<input type="text" value="7.50"/>
<input type="checkbox"/> Other (specify) ▼			In-kind - food -- meeting with students

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt
	Mailing Address 64711 Apple Ridge Rd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Goshen	IN	46526
	FEC ID number of contributing federal political committee.		<input type="text" value="C H2IN02196"/>
Name of Employer Self		Occupation Lawyer	<b>Transaction ID:</b> SA11D.4276
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="241.66"/>	<input type="text" value="23.39"/>
<input type="checkbox"/> Other (specify) ▼			In-kind - ads

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="37.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4278

Amount of Each Receipt this Period  
49.25

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4164

Amount of Each Receipt this Period  
49.98

In-kind - USPS

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4166

Amount of Each Receipt this Period  
20.00

In-kind - food

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4280

Amount of Each Receipt this Period  
25.70

In-kind - ads

386.59

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4168

Amount of Each Receipt this Period  
9.26

In-kind - fuel

395.85

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

**Transaction ID:** SA11D.4282

Amount of Each Receipt this Period  
7.28

In-kind - Internet services

403.13

**SUBTOTAL** of Receipts This Page (optional) ..... ► **42.24**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 406.93

Date of Receipt

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

Transaction ID: SA11D.4170

Amount of Each Receipt this Period

3.80

In-kind - coffee

**B.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 413.88

Date of Receipt

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

Transaction ID: SA11D.4172

Amount of Each Receipt this Period

6.95

In-kind - newspaper online research

**C.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.53

Date of Receipt

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

Transaction ID: SA11D.4284

Amount of Each Receipt this Period

2.65

In-kind - Internet services

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

13.40

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4286

Amount of Each Receipt this Period  
15.34

In-kind - Internet services

431.87

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4174

Amount of Each Receipt this Period  
7.92

In-kind - food

439.79

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4176

Amount of Each Receipt this Period  
59.18

In-kind - fuel

498.97

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4288

Amount of Each Receipt this Period  
9.97

In-kind - Internet services

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4178

Amount of Each Receipt this Period  
19.38

In-kind - Indiana government research

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4180

Amount of Each Receipt this Period  
35.00

In-kind - 3rd district dinner - guest

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

**Transaction ID:** SA11D.4182

Amount of Each Receipt this Period  
25.95

In-kind - advertising

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4184

Amount of Each Receipt this Period  
4.44

In-kind - USPS certified mail FEC filing, campaign creation

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4186

Amount of Each Receipt this Period  
30.00

In-kind - advertising

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.39**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 57

(check only one)

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

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**A.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4188

Amount of Each Receipt this Period

60.56

In-kind - fuel

**B.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4190

Amount of Each Receipt this Period

7.13

In-kind - food

**C.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4192

Amount of Each Receipt this Period

30.00

In-kind - food

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

97.69

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

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

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

FOR LINE NUMBER: PAGE 16 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

**Transaction ID:** SA11D.4194

Amount of Each Receipt this Period  
6.18

In-kind - vehicle expense

727.58

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

**Transaction ID:** SA11D.4196

Amount of Each Receipt this Period  
5.01

In-kind - vehicle expense

732.59

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

**Transaction ID:** SA11D.4198

Amount of Each Receipt this Period  
50.00

In-kind - Kosciusko JJ Dinner

782.59

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

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



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

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

FOR LINE NUMBER: PAGE 17 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Mailing Address 64711 Apple Ridge Rd

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4200

Amount of Each Receipt this Period  
37.49

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4202

Amount of Each Receipt this Period  
5.32

In-kind - ads

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4204

Amount of Each Receipt this Period  
18.30

In-kind - USPS

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 57

(check only one)

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

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**A.**

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Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4206

Amount of Each Receipt this Period

13.00

In-kind - SB Tribune sub-  
scription

**B.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4208

Amount of Each Receipt this Period

60.98

In-kind - fuel

**C.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt

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

Transaction ID: SA11D.4210

Amount of Each Receipt this Period

9.68

In-kind - food

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

83.66

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 57  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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Mr. Andrew U D Straw

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

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

**Transaction ID:** SA11D.4212

Amount of Each Receipt this Period  
4.55

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

**Transaction ID:** SA11D.4214

Amount of Each Receipt this Period  
3.08

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

**Transaction ID:** SA11D.4216

Amount of Each Receipt this Period  
36.00

In-kind - ads

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4290

Amount of Each Receipt this Period  
9.99

In-kind - fax services

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4218

Amount of Each Receipt this Period  
36.00

In-kind - ads

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  

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

**Transaction ID:** SA11D.4292

Amount of Each Receipt this Period  
9.97

In-kind - Internet services

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.96**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1208.95

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	1	1

**Transaction ID:** SA11D.4220

Amount of Each Receipt this Period  
182.00

In-kind - fuel and vehicle equipment

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1394.45

Date of Receipt  

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

**Transaction ID:** SA11D.4222

Amount of Each Receipt this Period  
185.50

In-kind - legal research materials

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.35

Date of Receipt  

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

**Transaction ID:** SA11D.4224

Amount of Each Receipt this Period  
5.90

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **373.40**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1446.65

Date of Receipt  

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

**Transaction ID:** SA11D.4294

Amount of Each Receipt this Period  
46.30

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1490.73

Date of Receipt  

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

**Transaction ID:** SA11D.4226

Amount of Each Receipt this Period  
44.08

In-kind - fuel

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1497.75

Date of Receipt  

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

**Transaction ID:** SA11D.4228

Amount of Each Receipt this Period  
7.02

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **97.40**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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Mr. Andrew U D Straw

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Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1508.42

Date of Receipt  

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

**Transaction ID:** SA11D.4230

Amount of Each Receipt this Period  
10.67

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1515.44

Date of Receipt  

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

**Transaction ID:** SA11D.4232

Amount of Each Receipt this Period  
7.02

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1524.36

Date of Receipt  

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

**Transaction ID:** SA11D.4234

Amount of Each Receipt this Period  
8.92

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **26.61**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** SA11D.4236

Amount of Each Receipt this Period  
464.15

In-kind - lodgings

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** SA11D.4238

Amount of Each Receipt this Period  
8.51

In-kind - toiletries

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** SA11D.4240

Amount of Each Receipt this Period  
3.00

In-kind - parking

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.66**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2012.29

Date of Receipt

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

Transaction ID: SA11D.4242

Amount of Each Receipt this Period

12.27

In-kind - food

**B.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2060.22

Date of Receipt

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

Transaction ID: SA11D.4244

Amount of Each Receipt this Period

47.93

In-kind - fuel

**C.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2075.22

Date of Receipt

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

Transaction ID: SA11D.4246

Amount of Each Receipt this Period

15.00

In-kind - Democratic club dues

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

75.20

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

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

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

FOR LINE NUMBER: PAGE 26 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2077.72

Date of Receipt  

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

**Transaction ID:** SA11D.4248  
 Amount of Each Receipt this Period  
 2.50  
 In-kind - beverage

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2504.64

Date of Receipt  

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

**Transaction ID:** SA11D.4250  
 Amount of Each Receipt this Period  
 426.92  
 In-kind - telecommunicati-  
on services

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2514.63

Date of Receipt  

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **439.41**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2700.38

Date of Receipt  

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

**Transaction ID:** SA11D.4298

Amount of Each Receipt this Period  
185.75

In-kind - printing services

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2716.38

Date of Receipt  

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

**Transaction ID:** SA11D.4252

Amount of Each Receipt this Period  
16.00

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2729.38

Date of Receipt  

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

**Transaction ID:** SA11D.4254

Amount of Each Receipt this Period  
13.00

In-kind - food

**SUBTOTAL** of Receipts This Page (optional) ..... ► **214.75**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 57

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Straw for Congress

**A.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2744.38

Date of Receipt

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

Transaction ID: SA11D.4256

Amount of Each Receipt this Period

15.00

In-kind - Democratic club dues

**B.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2750.98

Date of Receipt

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

Transaction ID: SA11D.4300

Amount of Each Receipt this Period

6.60

In-kind - Taco Bell food

**C.**

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2950.98

Date of Receipt

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

Transaction ID: SA11D.4302

Amount of Each Receipt this Period

200.00

In-kind - handicap transportation

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

221.60

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3201.09

Date of Receipt  

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

**Transaction ID:** SA11D.4304

Amount of Each Receipt this Period  
250.11

In-kind - printing services

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3206.62

Date of Receipt  

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

**Transaction ID:** SA11D.4308

Amount of Each Receipt this Period  
5.53

In-kind - food

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation  
Lawyer

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3250.61

Date of Receipt  

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

**Transaction ID:** SA11D.4310

Amount of Each Receipt this Period  
43.99

In-kind - fuel

**SUBTOTAL** of Receipts This Page (optional) ..... ► **299.63**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 57  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3329.00

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

Transaction ID: SA11D.4312

Amount of Each Receipt this Period  
78.39

In-kind - computer equipm-ent

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	78.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3304.66

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

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

FOR LINE NUMBER: PAGE 31 / 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City State Zip Code  
Goshen IN 46526

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 1 1

Transaction ID: SA13A.4109

Amount of Each Receipt this Period  
 0.00

Loan to pay off credit card debt incurred for campaign

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4271</p> <p>Date of Disbursement 04 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4273</p> <p>Date of Disbursement 04 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 6.59</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food -- meeting with students</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4275</p> <p>Date of Disbursement 04 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 7.50</p>

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

24.09

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - ads</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4277</p> <p>Date of Disbursement 04 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 23.39</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4279</p> <p>Date of Disbursement 04 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 49.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - USPS</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4165</p> <p>Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 49.98</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>122.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Transaction ID: SB17.4167  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
In-kind - food

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: SB17.4281  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

25.70
-------

Purpose of Disbursement  
In-kind - ads

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

C.

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

Transaction ID: SB17.4169  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

9.26
------

Purpose of Disbursement  
In-kind - fuel

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

54.96
-------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

B.	Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw	Transaction ID: SB17.4171 Date of Disbursement 04 / 20 / 2011
	Mailing Address 64711 Apple Ridge Rd	Amount of Each Disbursement this Period 3.80
	City Goshen State IN Zip Code 46526	
	Purpose of Disbursement In-kind - coffee	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>18.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

25.91

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Transaction ID: SB17.4177  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

59.18
-------

Purpose of Disbursement  
In-kind - fuel

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

B.

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

Transaction ID: SB17.4289  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

9.97
------

Purpose of Disbursement  
In-kind - Internet services

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

C.

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

Transaction ID: SB17.4179  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

19.38
-------

Purpose of Disbursement  
In-kind - Indiana government research

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

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

88.53
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

65.39

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

97.69

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

41.19

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

92.81

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Transaction ID: SB17.4205  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City Goshen State IN Zip Code 46526

Amount of Each Disbursement this Period

18.30
-------

Purpose of Disbursement  
In-kind - USPS  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 02

B.

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

Transaction ID: SB17.4207  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City Goshen State IN Zip Code 46526

Amount of Each Disbursement this Period

13.00
-------

Purpose of Disbursement  
In-kind - SB Tribune subscription  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 02

C.

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

Transaction ID: SB17.4209  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City Goshen State IN Zip Code 46526

Amount of Each Disbursement this Period

60.98
-------

Purpose of Disbursement  
In-kind - fuel  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 02

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

92.28
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4211</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 9.68</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4213</p> <p>Date of Disbursement 05 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 4.55</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4215</p> <p>Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 3.08</p>

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

17.31

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

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

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

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Transaction ID: SB17.4293  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

9.97
------

Purpose of Disbursement  
In-kind - Internet services

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: SB17.4221  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	1

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

182.00
--------

Purpose of Disbursement  
In-kind - fuel and vehicle equipment

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

C.

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

Transaction ID: SB17.4223  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

185.50
--------

Purpose of Disbursement  
In-kind - legal research materials

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

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

377.47
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4225</p> <p>Date of Disbursement 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 5.90</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4295</p> <p>Date of Disbursement 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 46.30</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4227</p> <p>Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 44.08</p>

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

96.28

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4229</p> <p>Date of Disbursement 06 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 7.02</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4231</p> <p>Date of Disbursement 06 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 10.67</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4233</p> <p>Date of Disbursement 06 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 7.02</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24.71
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>	<p><b>Transaction ID:</b> SB17.4235</p> <p>Date of Disbursement 06 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 8.92</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - lodgings</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>	<p><b>Transaction ID:</b> SB17.4237</p> <p>Date of Disbursement 06 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 464.15</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - toiletries</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>	<p><b>Transaction ID:</b> SB17.4239</p> <p>Date of Disbursement 06 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 8.51</p>

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

**481.58**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - parking</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4241</p> <p>Date of Disbursement 06 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 3.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4243</p> <p>Date of Disbursement 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 12.27</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4245</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 47.93</p>

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

63.20

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

A.

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

Transaction ID: SB17.4247  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
In-kind - Democratic club dues

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

B.

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

Transaction ID: SB17.4249  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

2.50
------

Purpose of Disbursement  
In-kind - beverage

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

C.

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

Transaction ID: SB17.4251  
Date of Disbursement

Mailing Address 64711 Apple Ridge Rd

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

City State Zip Code  
Goshen IN 46526

Amount of Each Disbursement this Period

426.92
--------

Purpose of Disbursement  
In-kind - telecommunication services

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

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

444.42
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fax services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4297</p> <p>Date of Disbursement 06 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 9.99</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - printing services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4299</p> <p>Date of Disbursement 06 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 185.75</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4253</p> <p>Date of Disbursement 06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 16.00</p>

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

211.74

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4255</p> <p>Date of Disbursement 06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 13.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - Democratic club dues</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4257</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - Taco Bell food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4301</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 6.60</p>

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

**34.60**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - handicap transportation</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4303</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - printing services</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4305</p> <p>Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 250.11</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - food</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4309</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 5.53</p>

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

455.64

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - fuel</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4311</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 43.99</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement In-kind - computer equipment</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4313</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 78.39</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement Data Services</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4158</p> <p>Date of Disbursement 06 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 99.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>221.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4159</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="191.50"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.56"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement ActBlue fee</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4317</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.98"/></p>

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

**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 56 / 57

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

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NAME OF COMMITTEE (In Full)  
Straw for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement ActBlue fee</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4318</p> <p>Date of Disbursement 06 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 11.86</p> <p>Category/Type 003</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement food at meeting</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4154</p> <p>Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 8.74</p> <p>Category/Type 007</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Straw for Congress</p> <p>Mailing Address 64711 Apple Ridge Rd</p> <p>City Goshen State IN Zip Code 46526</p> <p>Purpose of Disbursement ActBlue fee</p> <p>Candidate Name Straw for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.4319</p> <p>Date of Disbursement 06 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1.35</p> <p>Category/Type 003</p>

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

21.95

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

3490.81



**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Straw for Congress

Transaction ID: SC/10.4109

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN ZIP Code 46526

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

**TERMS**

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

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

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

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

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