

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Straw for Congress

ADDRESS (number and street) 64711 Apple Ridge Rd
 Check if different than previously reported. (ACC) Goshen IN 46526

2. **FEC IDENTIFICATION NUMBER** ▼ C C00496299 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) IN 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2011 through M M / D D / Y Y Y Y 09 / 30 / 2011

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

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

Signature of Treasurer Mr. Andrew U D Straw *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 15 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Straw for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8298.42	13177.47
(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)).....	8298.42	13177.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8188.82	12752.92
(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)).....	8188.82	12752.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	424.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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)

Page 3

Write or Type Committee Name

Straw for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	250.00
(ii) Unitemized.....	110.00	833.13
(iii) TOTAL of contributions from individuals ▶	110.00	1083.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8188.42	12094.34
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8298.42	13177.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8298.42	13177.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8188.82	12752.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8188.82	12752.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8298.42
25. SUBTOTAL (add Line 23 and Line 24).....	8613.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8188.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	424.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Straw for Congress

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
3917.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4379

Amount of Each Receipt this Period
12.00

In-kind - Car

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
4193.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4382

Amount of Each Receipt this Period
276.00

In-kind - Financial Services

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
4644.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4384

Amount of Each Receipt this Period
450.68

In-kind - Clothing

SUBTOTAL of Receipts This Page (optional).....	738.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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 Goshen State IN Zip Code 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
4768.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4386

Amount of Each Receipt this Period
123.81

In-kind - Data Fees

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
4868.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4388

Amount of Each Receipt this Period
100.00

In-kind - Sponsorship for child cancer event

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
4990.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4390

Amount of Each Receipt this Period
121.93

In-kind - Campaign Equipment

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

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

345.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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 Goshen State IN Zip Code 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
5370.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4392

Amount of Each Receipt this Period
380.34

In-kind - Food

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
7136.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4394

Amount of Each Receipt this Period
1765.48

In-kind - Fundraiser Expenses

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
7607.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4396

Amount of Each Receipt this Period
470.99

In-kind - Gas

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

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

2616.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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 Goshen State IN Zip Code 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
8099.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4398

Amount of Each Receipt this Period
492.39

In-kind - Internet Services

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
8188.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4400

Amount of Each Receipt this Period
88.80

In-kind - Office Supplies

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
8220.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11D.4402

Amount of Each Receipt this Period
32.50

In-kind - Media

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

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

613.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011	
Mailing Address 64711 Apple Ridge Rd		Transaction ID : SA11D.4404	
City State Zip Code Goshen IN 46526	Amount of Each Receipt this Period 1304.00 In-kind - Office Services		
FEC ID number of contributing federal political committee. C H2IN02196	Name of Employer Occupation Self Lawyer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9524.84		

Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011	
Mailing Address 64711 Apple Ridge Rd		Transaction ID : SA11D.4406	
City State Zip Code Goshen IN 46526	Amount of Each Receipt this Period 97.88 In-kind - Postal Services		
FEC ID number of contributing federal political committee. C H2IN02196	Name of Employer Occupation Self Lawyer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9622.72		

Full Name (Last, First, Middle Initial) Mr. Andrew U D Straw		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011	
Mailing Address 64711 Apple Ridge Rd		Transaction ID : SA11D.4408	
City State Zip Code Goshen IN 46526	Amount of Each Receipt this Period 539.30 In-kind - Printing Services		
FEC ID number of contributing federal political committee. C H2IN02196	Name of Employer Occupation Self Lawyer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10162.02		

SUBTOTAL of Receipts This Page (optional).....	1941.18
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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 Goshen State IN Zip Code 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
10190.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4410

Amount of Each Receipt this Period
28.85

In-kind - Research Expenses

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
11140.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4412

Amount of Each Receipt this Period
950.00

In-kind - Staff Expenses, Travel, Fuel, Sundry

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

Mailing Address 64711 Apple Ridge Rd

City Goshen State IN Zip Code 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
12094.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11D.4414

Amount of Each Receipt this Period
953.47

In-kind - Telecom Services

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

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

1932.32

8188.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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
3905.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2011

Transaction ID : SA13A.4332

Amount of Each Receipt this Period
 9011.50

loan to campaign. 1% interest per month.

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

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)	PAGE 12 OF 19		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 12.00
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Car	
Candidate Name	Category/Type	Transaction ID : SB17.4380
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)	

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 276.00
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Financial Services	
Candidate Name	Category/Type	Transaction ID : SB17.4383
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)	

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 450.68
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Clothing	
Candidate Name	Category/Type	Transaction ID : SB17.4385
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)	

SUBTOTAL of Disbursements This Page (optional).....	738.68
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 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 123.81 Transaction ID : SB17.4387
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Data Fees	
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)	

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4389
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Sponsorship for child cancer event	
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)	

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 121.93 Transaction ID : SB17.4391
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Campaign Equipment	
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)	

SUBTOTAL of Disbursements This Page (optional).....	345.74
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)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 380.34 Transaction ID : SB17.4393
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Food	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 1765.48 Transaction ID : SB17.4395
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Fundraiser Expenses	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 470.99 Transaction ID : SB17.4397
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Gas	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2616.81
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)	PAGE 15 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 492.39 Transaction ID : SB17.4399
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	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 88.80 Transaction ID : SB17.4401
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 32.50 Transaction ID : SB17.4403
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Media	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	613.69
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)	PAGE 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 1304.00 Transaction ID : SB17.4405
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Office Services	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 97.88 Transaction ID : SB17.4407
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Postal Services	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 539.30 Transaction ID : SB17.4409
City Goshen State IN Zip Code 46526	Purpose of Disbursement In-kind - Printing Services	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1941.18
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 28.85 Transaction ID : SB17.4411
City Goshen	State IN	
Purpose of Disbursement In-kind - Research Expenses		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 02	

Full Name (Last, First, Middle Initial) B. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 950.00 Transaction ID : SB17.4413
City Goshen	State IN	
Purpose of Disbursement In-kind - Staff Expenses, Travel, Fuel, Sundry		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 02	

Full Name (Last, First, Middle Initial) C. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 953.47 Transaction ID : SB17.4415
City Goshen	State IN	
Purpose of Disbursement In-kind - Telecom Services		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1932.32
TOTAL This Period (last page this line number only).....	8188.42

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

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NAME OF COMMITTEE (In Full)
Straw for Congress

Full Name (Last, First, Middle Initial) A. Mr. Andrew U D Straw		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 64711 Apple Ridge Rd		Amount of Each Disbursement this Period 5738.75
City Goshen State IN Zip Code 46526	Purpose of Disbursement refund of funds previously donated by candidate in prior quarter.	
Candidate Name Straw for Congress	Category/Type 001	Transaction ID : SB20A.4333 [MEMO ITEM]
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)	

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Straw for Congress** Transaction ID : **SC/10.4332**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Andrew U D Straw** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
64711 Apple Ridge Rd

City State ZIP Code **[MEMO ITEM]**
Goshen IN 46526

Original Amount of Loan 9011.50	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9011.50
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 09 / D 30 / Y 2011	Date Due M M / D D / Y 12/31/2012	Interest Rate 12.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	--------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 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.