

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

Shelli Yoder for Congress

ADDRESS (number and street)

704 W. 3rd St

Check if different than previously reported. (ACC)

Bloomington

IN

47404-5000

2. FEC IDENTIFICATION NUMBER ▼

C C00513457

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IN

09

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

05

08

2012

in the State of

IN

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

General (30G)

Runoff (30R)

Special (30S)

Election on

05

08

2012

in the State of

IN

5. Covering Period

04

01

2012

through

04

18

2012

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

Type or Print Name of Treasurer Sarah Ryterband

Signature of Treasurer Sarah Ryterband

[Electronically Filed]

Date

04

21

2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Shelli Yoder 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))....	5956.11	39667.61
(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)).....	5956.11	39667.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6010.79	15420.72
(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)).....	6010.79	15420.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24246.89	
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)

Write or Type Committee Name

Shelli Yoder for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3465.99	22834.26
(ii) Unitemized.....	2490.12	15277.85
(iii) TOTAL of contributions from individuals ▶	5956.11	38112.11
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	1555.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5956.11	39667.61
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)..... ▶	5956.11	39667.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6010.79	15420.72
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) ▶	6010.79	15420.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24301.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5956.11
25. SUBTOTAL (add Line 23 and Line 24).....	30257.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6010.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24246.89

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

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)
Shelli Yoder for Congress

A. Full Name (Last, First, Middle Initial)
Michael Jones

Mailing Address 2409 Columbia St.

City Patriot State IN Zip Code 47038

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

Name of Employer Switzerland Co. Sch. Corp. Occupation educator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **376.25**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2012

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period
126.25

In-kind - fundraiser

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

Mailing Address 2409 Columbia St.

City Patriot State IN Zip Code 47038

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

Name of Employer Switzerland Co. Sch. Corp. Occupation educator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **476.25**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2012

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period
100.00

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

Mailing Address 4526 E. Sheffield Dr.

City Bloomington State IN Zip Code 47408

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

Name of Employer Indiana University Occupation professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **404.95**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11AI.5198

Amount of Each Receipt this Period
17.80

In-kind - name tag

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

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

244.05

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

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NAME OF COMMITTEE (In Full)
Shelli Yoder for Congress

A. Full Name (Last, First, Middle Initial)
Joshua Perry

Mailing Address 4526 E. Sheffield Dr.

City: Bloomington State: IN Zip Code: 47408

FEC ID number of contributing federal political committee: C

Name of Employer: Indiana University Occupation: professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 422.52

Date of Receipt: 04 / 12 / 2012

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period: 17.57

In-kind - name tag

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

Mailing Address 820 W. 2nd St.

City: Bloomington State: IN Zip Code: 47403

FEC ID number of contributing federal political committee: C

Name of Employer: none Occupation: retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 408.84

Date of Receipt: 04 / 10 / 2012

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period: 4.88

In-kind - envelopes

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

Mailing Address 820 W. 2nd St.

City: Bloomington State: IN Zip Code: 47403

FEC ID number of contributing federal political committee: C

Name of Employer: none Occupation: retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 595.79

Date of Receipt: 04 / 13 / 2012

Transaction ID : SA11AI.5189

Amount of Each Receipt this Period: 186.95

In-kind - button materials

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

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

209.40

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

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NAME OF COMMITTEE (In Full)
Shelli Yoder for Congress

A. Full Name (Last, First, Middle Initial)
Sarah Ryterband

Mailing Address 820 W. 2nd St.

City Bloomington State IN Zip Code 47403

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
708.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
112.54

In-kind - mail seals

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

Mailing Address 745 W. Curtsinger Rd.

City Scottsburg State IN Zip Code 47170

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

Name of Employer self Occupation developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 07 / 2012

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period
2000.00

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

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period
100.00

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

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

2212.54

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

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NAME OF COMMITTEE (In Full)
Shelli Yoder for Congress

A. Full Name (Last, First, Middle Initial)
Gerald Stinson

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period
100.00

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

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period
100.00

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

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period
200.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)
Shelli Yoder for Congress

A. Full Name (Last, First, Middle Initial)
Gerald Stinson

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period
200.00

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

Mailing Address 14960 Collier Blvd #2706

City Naples State FL Zip Code 34119

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period
200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

400.00

3465.99

**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 10 OF 15			
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.35
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement fees	003 Category/ Type	
Candidate Name Shelli Yoder for Congress	Transaction ID : SB17.5172	
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: 09		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 14.82
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement fees	003 Category/ Type	
Candidate Name Shelli Yoder for Congress	Transaction ID : SB17.5173	
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: 09		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 11.67
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement fees	003 Category/ Type	
Candidate Name Shelli Yoder for Congress	Transaction ID : SB17.5174	
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: 09		

SUBTOTAL of Disbursements This Page (optional).....	30.84
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 11 OF 15	
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. Burkert-Walton, Inc.		Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 1561 Allen Ln.		Amount of Each Disbursement this Period 1150.50 Transaction ID : SB17.5180
City Evansville	State IN	
Zip Code 47710	Purpose of Disbursement printing	Category/ Type 006
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) B. Muse Advertising Design		Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 2758 N. Wyoming St.		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.5178
City Arlington	State VA	
Zip Code 22213	Purpose of Disbursement design & layout	Category/ Type 006
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) c. My Campaign Store		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 902 E. Court Ave.		Amount of Each Disbursement this Period 2190.90 Transaction ID : SB17.5438
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement yard signs	Category/ Type 004
Candidate Name Shelli Yoder for Congress	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: 09	

SUBTOTAL of Disbursements This Page (optional).....	3791.40
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 12 OF 15			
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. Joshua Perry		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 4526 E. Sheffield Dr.		Amount of Each Disbursement this Period 17.80 Transaction ID : SB17.5205
City Bloomington	State IN	
Purpose of Disbursement In-kind - name tag	001	Category/ Type
Candidate Name Shelli Yoder for Congress		
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: 09	

Full Name (Last, First, Middle Initial) B. Joshua Perry		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 4526 E. Sheffield Dr.		Amount of Each Disbursement this Period 17.57 Transaction ID : SB17.5195
City Bloomington	State IN	
Purpose of Disbursement In-kind - name tag	001	Category/ Type
Candidate Name Shelli Yoder for Congress		
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: 09	

Full Name (Last, First, Middle Initial) c. Sarah Ryterband		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 820 W. 2nd St.		Amount of Each Disbursement this Period 4.88 Transaction ID : SB17.5204
City Bloomington	State IN	
Purpose of Disbursement In-kind - envelops	003	Category/ Type
Candidate Name Shelli Yoder for Congress		
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: 09	

SUBTOTAL of Disbursements This Page (optional).....	40.25
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 15	
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. Sarah Ryterband		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 820 W. 2nd St.		Amount of Each Disbursement this Period 112.54 Transaction ID : SB17.5193
City Bloomington	State IN	
Zip Code 47403	Purpose of Disbursement In-kind - mail seals	Category/ Type 006
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) B. Sarah Ryterband		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 820 W. 2nd St.		Amount of Each Disbursement this Period 186.95 Transaction ID : SB17.5194
City Bloomington	State IN	
Zip Code 47403	Purpose of Disbursement In-kind - button materials	Category/ Type 006
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) c. Julie Thomas		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address 3030 N. Russell Rd.		Amount of Each Disbursement this Period 28.34 Transaction ID : SB17.5196
City Bloomington	State IN	
Zip Code 47408	Purpose of Disbursement reimburse envelops	Category/ Type 003
Candidate Name Shelli Yoder for Congress	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: 09	

SUBTOTAL of Disbursements This Page (optional).....	327.83
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 15	
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service Bulk Mail facility		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 4738 W. Vernal Pike		Amount of Each Disbursement this Period 663.10 Transaction ID : SB17.5176
City Bloomington	State IN	
Zip Code 47404	Purpose of Disbursement bulk mail	Category/ Type 003
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) B. United States Postal Service Bulk Mail facility		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 4738 W. Vernal Pike		Amount of Each Disbursement this Period 218.89 Transaction ID : SB17.5177
City Bloomington	State IN	
Zip Code 47404	Purpose of Disbursement bulk mail	Category/ Type 003
Candidate Name Shelli Yoder for Congress	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: 09	

Full Name (Last, First, Middle Initial) c. United States Postal Service Bulk Mail facility		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 4738 W. Vernal Pike		Amount of Each Disbursement this Period 36.29 Transaction ID : SB17.5355
City Bloomington	State IN	
Zip Code 47404	Purpose of Disbursement bulk mail	Category/ Type 006
Candidate Name Shelli Yoder for Congress	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: 09	

SUBTOTAL of Disbursements This Page (optional).....	918.29
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 15	
	<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)
Shelli Yoder for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service Bulk Mail facility		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 4738 W. Vernal Pike		Amount of Each Disbursement this Period 586.98 Transaction ID : SB17.5356
City Bloomington State IN Zip Code 47404	Purpose of Disbursement bulk mail <input type="text" value="006"/> Category/Type	
Candidate Name Shelli Yoder for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	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	<input type="text"/> 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	<input type="text"/> 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).....	586.98
TOTAL This Period (last page this line number only).....	5695.58