

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 APR 30 AM 11:58

Office Use Only
FEC MAIL CENTER

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

KRISTI RISK FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 51

Check if different than previously reported. (ACC)

SPENCER

IN

47460

7185

2. FEC IDENTIFICATION NUMBER

C 00500942

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

IN

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on 05 / 08 / 2012 in the State of IN

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

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 William J. Powell

Signature of Treasurer

William J. Powell

Date

04 / 23 / 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)

12030794927

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kristi Risk for Congress

Report Covering the Period: From: ^M04 / ^D01 / ^Y2012 To: ^M04 / ^D18 / ^Y2012

12030794928

	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))	, 5,820.00	, 48,116.72
(b) Total Contribution Refunds (from Line 20(d))	, .	, 2,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 5,820.00	, 45,616.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 4,407.72	, 38,939.04
(b) Total Offsets to Operating Expenditures (from Line 14)	, .	, 2,500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 4,407.72	, 36,439.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 9,301. ⁹⁷	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, .	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, .	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Kristi Risk for Congress

Report Covering the Period: From: ^M04 / ^D01 / ^Y2012 To: ^M04 / ^D18 / ^Y2012

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 4,608.58	, 31,014.11
(ii) Unitemized	, 1,212.00	, 14,455.01
(iii) TOTAL of contributions from individuals ▶	, 5,820.58	, 45,469.13
(b) Political Party Committees.....	, .	, .
(c) Other Political Committees (such as PACs).....	, .	, .
(d) The Candidate	, 123.71	, 2,771.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, 5,944.29	, 48,241.01

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

, .

13. LOANS:

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

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

, 2,500.00

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

, .

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

, 5,944.29 , 45,741.011

12030794929

DETAILED SUMMARY PAGE
of Disbursements

12030794930

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	, , 4,407.72	, , 37,936.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , .	, , .
(b) Of All Other Loans	, , .	, , .
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , .	, , .
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, , .	, , 2,500.00
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs).....	, , .	, , .
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , .	, , 2,500.00
21. OTHER DISBURSEMENTS	, , .	, , 1,002.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	, , 4,407.72	, , 41,439.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, , 7765.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, , 5944.29
25. SUBTOTAL (add Line 23 and Line 24).....	, , 13709.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, , 4407.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, , 9301.97

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

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

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

NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 03 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 34.00 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 34.00 <i>IN KIND</i>
Name of Employer Spencer-Owen Comm	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,294.93	

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 02 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 75.00 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 75.00 <i>IN KIND</i>
Name of Employer Spencer-Owen Comm	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,369.93	

Full Name (Last, First, Middle Initial) Risk, Kristi		Date of Receipt M M ' D D ' Y Y Y Y 04 ' 02 ' 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Receipt this Period 14.71 <i>IN KIND</i>
City Spencer	State Zip Code IN 47460	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 14.71 <i>IN KIND</i>
Name of Employer Spencer-Owen Comm	Occupation Substitute Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,384.64	

SUBTOTAL of Receipts This Page (optional).....	123.71
TOTAL This Period (last page this line number only).....	123.71

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

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Dickerson, Terry		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Receipt this Period 350.00 ✓ <i>IN KIND</i>
City Ft. Wayne	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self Employed	Occupation Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,650.00	

Full Name (Last, First, Middle Initial) B. Dickerson, Terry		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Receipt this Period 150.00 ✓ <i>IN KIND</i>
City Ft. Wayne	State Zip Code IN 46804	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self Employed	Occupation Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,800.00	

Full Name (Last, First, Middle Initial) C. Davis, Andy		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 9721 N State Road 157		Amount of Each Receipt this Period 300.00 ✓ <i>IN KIND</i>
City Worthington	State Zip Code IN 47471	
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Self Employed	Occupation Investment Broker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Kohut, Tony		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 04 / 17 / 2012
Mailing Address 9901 New Harmony Rd		Amount of Each Receipt this Period 200.00 ✓
City Evansville	State Zip Code In 47720	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 200.00 ✓
Name of Employer Self Employed	Occupation Mechanic Mechanic	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Lewinski, Michael		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 04 / 16 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 1,000.00 ✓
City Dubois	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 1,510.11
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,510.11	

Full Name (Last, First, Middle Initial) C. Lewinski, Michael		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y 04 / 19 / 2012
Mailing Address 10073 E. State Rd. 56		Amount of Each Receipt this Period 100.00 ✓
City Dubois	State Zip Code IN 47527	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 1,610.11
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,610.11	

SUBTOTAL of Receipts This Page (optional).....	1,300.00
TOTAL This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Robinson, Carol		Date of Receipt 04 / 13 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00 ✓ <i>IN KIND</i>
City Princeton	State IN	
Zip Code 47670		Amount of Each Receipt this Period 1,007.88
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 1,007.88
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Powell, William		Date of Receipt 04 / 06 / 2012
Mailing Address 1138 W. Thornridge Way		Amount of Each Receipt this Period 300.00 ✓ <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 2,408.00
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Retired	Occupation	Amount of Each Receipt this Period 2,408.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Powell, William		Date of Receipt 04 / 13 / 2012
Mailing Address 1138 W. Thornridge Way		Amount of Each Receipt this Period 7.70 ✓ <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Amount of Each Receipt this Period 2,415.70
FEC ID number of contributing federal political committee. C 00500942		
Name of Employer Retired	Occupation	Amount of Each Receipt this Period 2,415.70
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	407.70
TOTAL This Period (last page this line number only).....	.

12030794934

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

12030794935

Full Name (Last, First, Middle Initial) A. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 14.88 ✓ <i>IN KIND</i>
City Princeton	State Zip Code IN 47670	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 721.88
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 721.88	

Full Name (Last, First, Middle Initial) B. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 86.00 ✓ <i>IN KIND</i>
City Princeton	State Zip Code IN 47670	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 807.88
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 807.88	

Full Name (Last, First, Middle Initial) C. Robinson, Carol		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Receipt this Period 100.00 ✓ <i>IN KIND</i>
City Princeton	State Zip Code IN 47670	
FEC ID number of contributing federal political committee. C 00500942		Amount of Each Receipt this Period 907.88
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 907.88	

SUBTOTAL of Receipts This Page (optional).....	200.88
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	OF
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b
<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Martin, Susan

Mailing Address

2655 Arran Quay Terrace

City

Valparaiso

State

IN

Zip Code

46385

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

Homemaker

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1,150.00

Date of Receipt

04 / 14 / 2012

Amount of Each Receipt this Period

1,000.00 ✓

Full Name (Last, First, Middle Initial)

B. Morris, Nina

Mailing Address

3447 Williams Rd

City

Gospport

State

IN

Zip Code

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

Homemaker

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

763.90

Date of Receipt

04 / 20 / 2012

Amount of Each Receipt this Period

100.00 ✓

Full Name (Last, First, Middle Initial)

C. Rupert, Martha

Mailing Address

8221 Berry Dr

City

Evansville

State

IN

Zip Code

47710

FEC ID number of contributing federal political committee.

C 00500942

Name of Employer

Homemaker

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

04 / 15 / 2012

Amount of Each Receipt this Period

200.00 ✓

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

1,300.00

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

12030794936

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

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

A. Full Name (Last, First, Middle Initial) Scott, Kevin		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y Y ^Y 04 / 15 / 2012
Mailing Address 7399 Lenn Ln		Amount of Each Receipt this Period 100.00 ✓
City Newburgh	State IN	
FEC ID number of contributing federal political committee. C 00500942		, , .
Name of Employer Eastside Marine	Occupation Foreman	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

B. Full Name (Last, First, Middle Initial) Williamson, Robert		Date of Receipt M ^M / D ^D / Y ^Y Y ^Y Y ^Y 04 / 17 / 2012
Mailing Address 4545 W. Carr Hill		Amount of Each Receipt this Period 500.00 ✓
City Columbus	State IN	
FEC ID number of contributing federal political committee. C 00500942		, , .
Name of Employer Self Employed	Occupation CPA	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C 00500942		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	4,608.58

12030794937

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

12030794938

Full Name (Last, First, Middle Initial) A. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 34.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Campaign vehicle fuel		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) B. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 75.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Campaign vehicle fuel		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

Full Name (Last, First, Middle Initial) C. Risk, Kristi M.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1206 W. Thornridge Way		Amount of Each Disbursement this Period 14.71 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Campaign workers food		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 8		

SUBTOTAL of Disbursements This Page (optional).....	123.71
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Robinson, Carol		Date of Disbursement 04 / 13 / 2012
Mailing Address 1524 S. Main St.		Amount of Each Disbursement this Period 100.00 <i>IN KIND</i>
City Princeton	State IN	
Zip Code 47471		Category/ Type
Purpose of Disbursement Housing		
Candidate Name Kristi Risk for Congress		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 08	

Full Name (Last, First, Middle Initial) B. Powell, William		Date of Disbursement 04 / 06 / 2012
Mailing Address 1138 W. Thornridge Way		Amount of Each Disbursement this Period 300.00 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Treasure Pay		
Candidate Name Kristi Risk for Congress		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 08	

Full Name (Last, First, Middle Initial) C. Powell, William		Date of Disbursement 04 / 13 / 2012
Mailing Address 1138 W. Thornridge Way		Amount of Each Disbursement this Period 7.70 <i>IN KIND</i>
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Postal Service		
Candidate Name Kristi Risk for Congress		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IN	District: 08	

SUBTOTAL of Disbursements This Page (optional).....	407.70
TOTAL This Period (last page this line number only).....	

12030794939

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Robinson, Carol

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Supplies BBQ Fundraiser

Candidate Name
Kristi Risk for Congress

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **08**

Date of Disbursement

04 / 02 / 2012

Amount of Each Disbursement this Period

14.88

IN KIND

Full Name (Last, First, Middle Initial)

B. Robinson, Carol

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Supplies for BBQ Fundraiser

Candidate Name
Kristi Risk for Congress

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **08**

Date of Disbursement

04 / 02 / 2012

Amount of Each Disbursement this Period

86.00

IN KIND

Full Name (Last, First, Middle Initial)

C. Robinson, Carol

Mailing Address
1524 S. Main St.

City State Zip Code
Princeton IN 47670

Purpose of Disbursement
Housing

Candidate Name
Kristi Risk for Congress

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: **IN** District: **08**

Date of Disbursement

04 / 06 / 2012

Amount of Each Disbursement this Period

100.00

IN KIND

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

200.88

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

12030794940

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

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

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NAME OF COMMITTEE (In Full)
Kristi Risk for Congress

Full Name (Last, First, Middle Initial) A. Dickerson, Terry		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Disbursement this Period 350.00 <i>In kind</i>
City Ft. Wayne	State IN	
Zip Code 46804		Category/ Type
Purpose of Disbursement Billboard Desian		
Candidate Name Kristi Risk for Congress		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 08	

Full Name (Last, First, Middle Initial) B. Dickerson, Terry		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 6315 Wilmarbee Dr		Amount of Each Disbursement this Period 150.00 <i>In kind</i>
City Ft. Wayne	State IN	
Zip Code 46804		Category/ Type
Purpose of Disbursement BBQ Flyer		
Candidate Name Kristi Risk for Congress		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 08	

Full Name (Last, First, Middle Initial) C. Davis, Andy		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 9721 N State Road 157		Amount of Each Disbursement this Period 300.00 <i>IN kind</i>
City Worthington	State IN	
Zip Code 47471		Category/ Type
Purpose of Disbursement Radio Commercial		
Candidate Name Kristi Risk for Congress		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 08	

SUBTOTAL of Disbursements This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	,

12030794941

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Carousel Checks

Date of Disbursement

04 / 03 / 2012

Mailing Address

8906 S. Harlem Ave

City

Bridgeview

State

IL

Zip Code

60455

Amount of Each Disbursement this Period

14.93

Purpose of Disbursement

Checks

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

B. Midwest Communications

Date of Disbursement

04 / 04 / 2012

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Amount of Each Disbursement this Period

665.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

Full Name (Last, First, Middle Initial)

C. Towns Square Media

Date of Disbursement

04 / 17 / 2012

Mailing Address

117 SE 5th Street

City

Evansville

State

IN

Zip Code

47705

Amount of Each Disbursement this Period

108.00

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: IN

District: 08

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

787.93

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

12030794942

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

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

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NAME OF COMMITTEE (In Full)
KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial) A. Spencer Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 30 S Washington St.		Amount of Each Disbursement this Period 22.00
City Spencer	State IN	
Zip Code 47460		Category/ Type
Purpose of Disbursement Box rental		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial) B. Direct Connect		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 3901 Centerview Drive, Suite W		Amount of Each Disbursement this Period 749.00
City Chantilly	State VA	
Zip Code 20151		Category/ Type
Purpose of Disbursement Pay Pal services		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

Full Name (Last, First, Middle Initial) C. Chuckles Service Sta.		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 221 Main St.		Amount of Each Disbursement this Period 40.01
City Boonville	State IN	
Zip Code 47601		Category/ Type
Purpose of Disbursement Campaign vehicle fuel		
Candidate Name Kristi Risk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 8	

SUBTOTAL of Disbursements This Page (optional).....	811.01
TOTAL This Period (last page this line number only).....	

12030794943

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

KRISTI RISK for CONGRESS

Full Name (Last, First, Middle Initial)

A. Speedway Service Sta..

Mailing Address

719 W. Morgan St.

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Campaign vehicle fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Date of Disbursement

04 / 16 / 2012

Amount of Each Disbursement this Period

73.00

Full Name (Last, First, Middle Initial)

B. Speedway Service Sta.

Mailing Address

719 W. Morgan St.

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Campaign vehicle fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Date of Disbursement

04 / 10 / 2012

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

C. Speedway Service Sta.

Mailing Address

719 W. Morgan St.

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Campaign workers food

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **8**

Date of Disbursement

04 / 13 / 2012

Amount of Each Disbursement this Period

53.00

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

191.00

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

12030794944

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Midwest Communications

Mailing Address

824 S 3rd St

City

Terre Haute

State

IN

Zip Code

47807

Purpose of Disbursement

Radio Ads

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 18 / 2012

Amount of Each Disbursement this Period

116.00

B. Spencer County GOP

Mailing Address

Post Office Box 12

City

Rockport

State

IN

Zip Code

47635

Purpose of Disbursement

Lincoln Day Dinner

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 12 / 2012

Amount of Each Disbursement this Period

80.00

C. Piryx

Mailing Address

144 2nd St. 1st Floor

City

San Francisco

State

CA

Zip Code

94105

Purpose of Disbursement

Payment Processor Fee

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 18 / 2012

Amount of Each Disbursement this Period

41.47

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

237.47

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

3,559.70

12030794945

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

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

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(check only one)

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

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Biaggi's Restaurant

Mailing Address

6401 E. Livod Expressway

City

Evansville

State

IN

Zip Code

47715

Purpose of Disbursement

Staff Lunch

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District:

Date of Disbursement

04 / 05 / 2012

Amount of Each Disbursement this Period

24.00

B. Speedway

Mailing Address

719 W. Morgan St

City

Spencer

State

IN

Zip Code

47460

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 06 / 2012

Amount of Each Disbursement this Period

83.00

C. Yesterdaze

Mailing Address

101 S 2nd St

City

Boonville

State

IN

Zip Code

47601

Purpose of Disbursement

Staff Breakfast

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 05 / 2012

Amount of Each Disbursement this Period

15.00

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

122.00

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

12030794946

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

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

FOR LINE NUMBER:
(check only one)

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

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Speedway

Mailing Address
719 W Morgan St

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

Purpose of Disbursement
Fuel

Candidate Name
Kristi Risk

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

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

04 / 07 / 2012

Amount of Each Disbursement this Period

44.00

B. TownSquare Media

Mailing Address
117 SE 5th St

City **Evansville** State **IN** Zip Code **47705**

Purpose of Disbursement
Radio Ads

Candidate Name
Kristi Risk

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

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

04 / 17 / 2012

Amount of Each Disbursement this Period

602.00

C. Country Cupbaord

Mailing Address
Hwy 61 & 60

City **Evansville** State **IN** Zip Code **47619**

Purpose of Disbursement
Fuel

Candidate Name
Kristi Risk

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

Disbursement For: Primary General
 Other (specify)

Date of Disbursement

04 / 19 / 2012

Amount of Each Disbursement this Period

61.00

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

707.00

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

12030794947

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kristi Risk for Congress

Full Name (Last, First, Middle Initial)

A. Vest Quick Mart

Mailing Address

820 S Commercial St

City

Worthington

State

IN

Zip Code

47471

Purpose of Disbursement

Fuel

Candidate Name

Kristi Risk

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **IN**

District: **08**

Date of Disbursement

04 / 15 / 2012

Amount of Each Disbursement this Period

52.02

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

: , *

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

: , *

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

52.02

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

4,407.72

12030794948

Federal Election Commission
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No Postmark

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

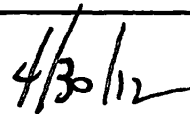
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PREPARER

(3/2005)



DATE PREPARED

12030794949