

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

KRISTI RISK FOR CONGRESS

ADDRESS (number and street) PO BOX 51

(Check if address is changed) SPENCER IN 47460 7185

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) wethepeople@kristiriskcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) KristiRiskCongress.com

2. DATE 08 17 2011

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer William (Bill) Powell

Signature of Treasurer [Signature] Date 08 17 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

11030653985

5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

KRISTI RISK FOR CONGRESS

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

IN

District

08

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a

(National, State or subordinate) committee of the

(Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

00655905011

Write or type Committee Name:

KRISTI RISK FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

[Empty grid for full name]

Mailing Address

[Empty grid for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid for title or position]

Telephone number

[Empty grid for telephone number]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

WILLIAM (BILL) POWELL

Mailing Address

1138 W THORNBRIDGE WAY

[Empty grid for mailing address]

SPENCER

IN

47460

7185

CITY

STATE

ZIP CODE

Title or Position
TREASURER

[Empty grid for title or position]

Telephone number

812 - 829 - 2445

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

OUR COMMUNITY BANK

Mailing Address

279 E MORGAN STREET, BOX 187

[Grid for Mailing Address]

SPENGER IN 47460 7185

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

11030653988

Federal Election Commission
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PREPARER
(3/2005)

8/22/11
DATE PREPARED

11030653989