	PORT OF RECEIPTS	
	ND DISBURSEMENTS Other Than An Authorized Committee	FED MAIL CENTER
		2018 DEC -7 AHII: 07
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼ Example: If typing, ty over the lines.	
RYMAN HOSPIT	ALITY PROPERTIES	PAC /
		·
ADDRESS (number and street)	NÈ GAYLORD D'RIVE	
▼ I		
Check if different than previously reported. (ACC)	ASHVILLE	TM 372/4
2. FEC IDENTIFICATION NUME	ER V CITY A	STATE A ZIP CODE A
C0018370	3. IS THIS NEW REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	b) Monthly Feb 20 (M2) May 2 Report Due On:	0 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20	0 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day Primary (12P) PRE-Election	General (12G) Runoff (12R)
Quarterly Report (Q2)	Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q3)		
Year-End Report (YE)	(d) 30-Day	State of
Report (Non-election Year Only) (MY)	POST-Election X ¹ General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	6 2018 in the State of
5. Covering Period	301 2018 through	11 26 20 18
-	eport and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	JENNIFER HUICHESON	
Signature of Treasurer	union Hutcheson	Date 12 04 2018
NOTE: Submission of false, erroneous	, or incomplete information may subject the person si	gning this Report to the penalties of 52 U.S.C. § 30109

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Г	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
_	RYMAN HOSPITALITY	PROPERTIES PAC	
R	eport Covering the Period: From:	9 3.0 2.0 1.8 T	o: 1,1 26 20,18
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		64,0,2,0,5,4
	(b) Cash on Hand at Beginning of Reporting Period	52,220.83	
	(c) Total Receipts (from Line 19)	2,4.71.89	1.1.9.9.7.3.1
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	54,69272	76,01785
7.	Total Disbursements (from Line 31)	24.2.2	2134935
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,4,6,6,8,5,0	5466850
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

DETAILED SUMMARY PAGE				
	FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3	
W	rite or Type Committee Name	<u> </u>		
	RYMAN HOSPITALII	TY PROPERTIES PAG	C	
Re	eport Covering the Period: From: $\int_{0}^{1} \frac{1}{2} \frac$	1 3 01 2018 To:	[]] (26 (20.18)	
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
12 . 13.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2,13,14,5 338,80 2,470,25 0.00 2,470,25 0.00 2,47,0,2,5 0.00	10.63.9.8.6 1336.19 $11.976.05$ 0.00 $11.976.05$ $11.976.05$ $11.976.05$	
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	<u>O. 0.0</u>	
17.	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.0,0 1.6,4 0.0,0	<u>2.1.2.6</u> 0.0.0	
	(b) Levin Funds (from Schedule H5)	<u> 0.0.0</u> <u> 0.0.0</u>	<u> </u>	
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	2,471.89	119973,1	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2471 89	11,99731	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

II. Disbursements

COLUMN A Total This Period

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COLUMN B Calendar Year-to-Date

Page 4

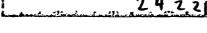
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share. (b) Other Federal Operating Expenditures (c) Total Operating Expenditures

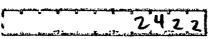
- Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees.....
- 26. Loan Repayments Made
- - (b) Political Party Committees(c) Other Political Committees

(such as PACs).....

- 29. Other Disbursements (Including Non-Federal Donations).....
- 30. Federal Election Activity (52 U.S.C. § 30101(20))
 - (a) Allocated Federal Election Activity (from Schedule H6)
 (i) Federal Share
 - (ii) "Levin" Share.....
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

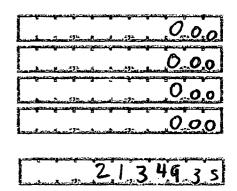
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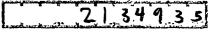




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DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

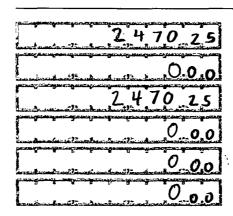
Total This Period

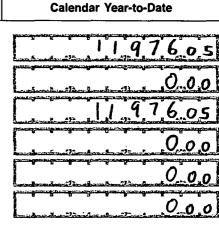
FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

- Total Contributions (other than loans) (from Line 11(d), page 3)
- 34. Total Contribution Refunds (from Line 28(d)).....
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)

- (subtract Line 37 from Line 36)





COLUMN B

Page 5

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 OF
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a	ts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
RYMAN HOSPITALI	TY PROPERTI	ES PAC
Full Name of Individual (Last, First, Middle Initial) or F A. CHAFFIN PATRICK	ull Organization Name	Date of Receipt
Mailing Address <u>ONE</u> <u>GAYLORD</u> <u>DRTV</u> City Stat		11 26 2018
NASHVILLE T		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	nes af far an eigen an	100.06
Name of Employer (for Individual) RYMAN HOSPITALITY	Occupation (for Individual) EVP, ASSET MGT,	
Receipt For: Aggre	gate Year-to-Date ▼	-
Primary General y Other (specify) ▼ 1	480.00	
Full Name of Individual (Last, First, Middle Initial) or F B. CHAMBLEN, JAMES	ull Organization Name	Date of Receipt
Mailing Address ONE GAYLORD ORI City	e Zip Code	11 26 2018
NASH VILLE	TN 37214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	nun (15240
Name of Employer (for Individual) RYMAN HOSPITALITY	Occupation (for Individual) SVP, DESIGN	Memo Item
Primary General	egate Year-to-Date ▼	
Other (specify) V	726224	
Full Name of Individual (Last, First, Middle Initial) or I C. <u>CHERRY</u> , SIONEY	Full Organization Name	Date of Receipt
Mailing Address		11 26 2018
City NASHVILLE Sta	TN 37214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		180.25
Name of Employer (for Individual) RYMAN HOSPITALITY Receipt For:	Occupation (for Individual)	<u>ا المعامة</u> Memo Item
Aggroup Primary General Other (specify)	egate Year-to-Date ▼ 857.88	
SUBTOTAL of Receipts This Page (optional)	•	432.6.5
TOTAL This Period (last page this line number only)	••••••	

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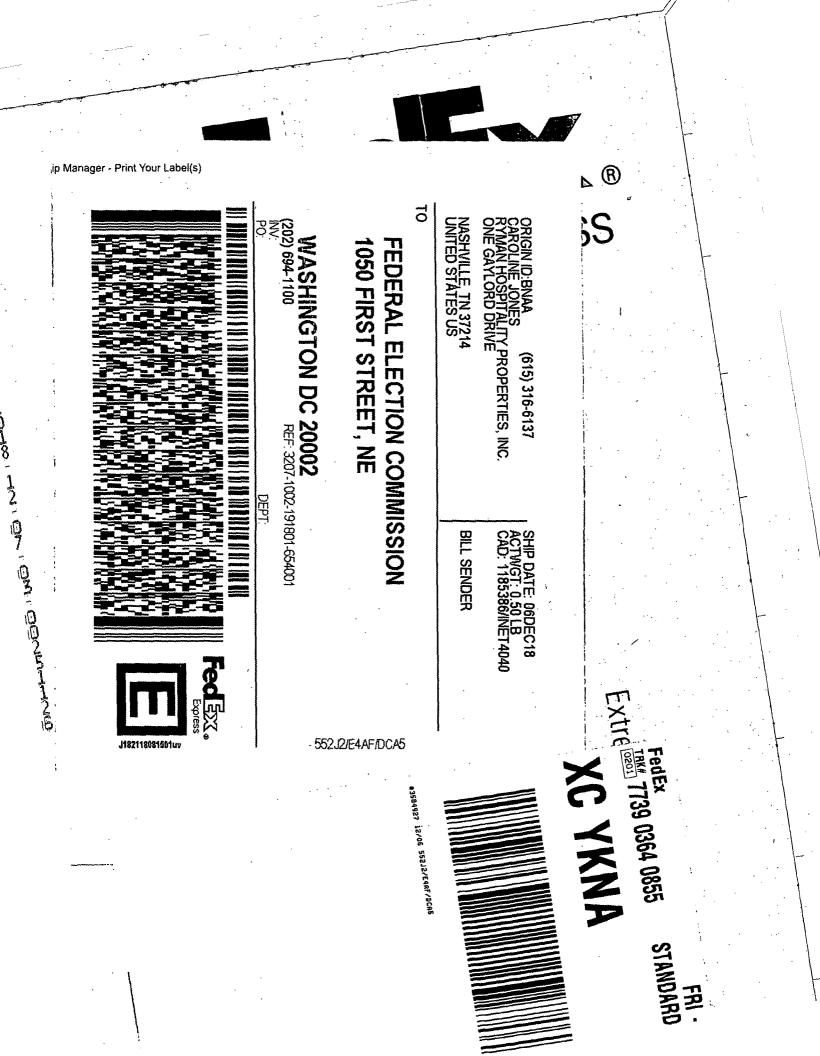
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SCHEDULE A (FEC Form 3X)		ſ	FOR LINE NUMBER: PAGE 7 OF
ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements make name and a	ay not be sold or used by any p address of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
RymAN HOSPIT			s PAC
Full Name of Individual (Last, First, Middle Initial) or Function A. FIORAVANTI MARK		Organization Name	Date of Receipt
Mailing Address	DRIV		11 26 2018
City NASH VILLE	TN	Zip Code 37214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	iCi	ينه منه مين معنى منه منه مين معنى معنى معنى معنى معنى منها منها منها منها منها منها منها منها	306.0.5
Name of Employer (for Individual) RYMAN HOSPITALI		upation (for Individual)	Memo Item
Receipt For:		Year-to-Date ▼	-
Other (specify) ▼	بىنى بەسىسى ئەسىسى ئ دىنىمىتىنى بەر سىلىنى بەر	1,45830	
Full Name of Individual (Last, First, Middle In B. HUTCHESON SENNIFE		Organization Name	Date of Receipt
Mailing Address	DRI	/F	11 26 2018
City NASHVILLE	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	IC:	كە ي خەس ^{ىر} يەسەر سەرىپى يەرىپى يەر 	1.00-00
Name of Employer (for Individual) RYMAN HOSP I TALL		cupation (for Individual)	Memo Item
Receipt For:	1	Year-to-Date V	
Cher (specify) ▼	,	.480.00	
Full Name of Individual (Last, First, Middle In C. LYNN, SCOTT	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
Mailing Address		IVE	11 26 2018
NASHVILLE	State	Zip Code 37214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ICI		331.25
Name of Employer (for Individual)		cupation (for Individual) EVP & G C	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1_567.50	
SUBTOTAL of Receipts This Page (optional)			737.30
TOTAL This Period (last page this line numbe	r only)		

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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma le name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
RYMAN HOSPIT			es pac
Full Name of Individual (Last, First, Middle Ir A. <u>REED</u> COLIN	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address ONE GAYLORD DR	IVE		11 26 2018
City NASHVILLE	State TN	Zip Code 372/4	
FEC ID number of contributing	 مدنز هدسه رمنسور	میکنده می ده است. در است می تاک می زمانین معالمی ا	Amount of Each Receipt this Period
federal political committee.	IC;		96150
Name of Employer (for Individual) RYMAN HOSPITALITY		upation (for Individual)	Memo Item
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Full Name of Individual (Last, First, Middle Ir	nitial) or Full C	rganization Name	
B. Mailing Address		······	Date of Receipt
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City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name of Employer (for Individual)		upation (for Individual)	Memo Item
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Full Name of Individual (Last, First, Middle In	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address		<u> </u>	
City	State	Zip Code	- inning hereitens
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FEC ID number of contributing federal political committee.	iC(and the second	Land - Bernhout to almost in the land
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Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	ICOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
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PREPARER (3/2015)	DATE PREPARED