

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
TIM RYAN FOR CONGRESS

ADDRESS (number and street) 1600 Roosevelt Ave
 Check if different than previously reported. (ACC) Niles OH 44446

2. **FEC IDENTIFICATION NUMBER** C C00373464 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) OH 13

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 17 / 2014 through 06 / 30 / 2014

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 Allen Ryan
Signature of Treasurer Allen Ryan *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TIM RYAN 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))....	126365.00	781591.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	3200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126365.00	778391.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	71513.59	529326.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	720.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	71513.59	528605.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	388108.66	
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).....	23887.14	

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

TIM RYAN 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).....	44385.00	330425.00
(ii) Unitemized.....	2230.00	25616.00
(iii) TOTAL of contributions from individuals ▶	46615.00	356041.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	79750.00	425550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	126365.00	781591.00
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	720.88
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	715.24
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	126365.00	783027.12

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	71513.59	529326.08
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	700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3200.00
21. OTHER DISBURSEMENTS	2000.00	49093.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	73513.59	581619.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	335257.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	126365.00
25. SUBTOTAL (add Line 23 and Line 24).....	461622.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73513.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	388108.66

**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 113
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gay C. Addicott		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 2023 Lyndway Rd		Transaction ID : C9851060	
City Cleveland	State OH	Zip Code 44121-4265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Atossa M. Alavi		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 3256 Lansmere Rd		Transaction ID : C10095967	
City Shaker Heights	State OH	Zip Code 44122-3404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Alphamirror Inc	Occupation Counsel		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Dave Betras		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 6630 Seville Dr		Transaction ID : C10095991	
City Canfield	State OH	Zip Code 44406-8128	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Betras Kopp Harshman	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
T N Bhargava

Mailing Address 630 Rustic Knoll Dr

City Kent State OH Zip Code 44240-2398

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : C9359262

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert W. Briggs

Mailing Address 8288 Maplevale Drive

City Canfield State OH Zip Code 44406

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

Name of Employer Northeast Ohio Council on Higher Educa Occupation President and Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : C9851057

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert W. Briggs

Mailing Address 8288 Maplevale Drive

City Canfield State OH Zip Code 44406

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

Name of Employer Northeast Ohio Council on Higher Educa Occupation President and Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : C9856648

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 7 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stephen Colecchi

Mailing Address 1584 Elizabeth Court

City State Zip Code
Kent OH 44240

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

Name of Employer Occupation
Robinson Memorial Hospital President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : C9357277

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Stephen A. Comunale

Mailing Address 2300 Sourek Trl

City State Zip Code
Akron OH 44313-4758

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

Name of Employer Occupation
SA Comunale CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9850533

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Sean G D'Arcy

Mailing Address 5700 Roosevelt St

City State Zip Code
Bethesda MD 20817-6742

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

Name of Employer Occupation
Akin Gump Strauss Hauer Feld Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C10099171

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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 8 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dean DePerro

Mailing Address 503 Overlook Dr

City State Zip Code
Kent OH 44240-5824

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

Name of Employer Occupation
Self/Portage County, Ohio Physician/Coroner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : C9362673

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Jennifer Rottegal DiJames

Mailing Address 2411 Culpeper Rd

City State Zip Code
Alexandria VA 22308-2132

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

Name of Employer Occupation
Alignment Gov't Strategies Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9850536

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas J. Dillon

Mailing Address 733 W Market St

City State Zip Code
Akron OH 44303-1009

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

Name of Employer Occupation
Executive Properties President/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851012

Amount of Each Receipt this Period
1000.00

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

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

3500.00

**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 113
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Linda K Fankhauser		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1641 Overlook Rd		Transaction ID : C9851014	
City Kent	State OH	Zip Code 44240-5903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Portage County	Occupation Recorder		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Michael S. Garvey		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 4335 S Turner Rd		Transaction ID : C10119380	
City Canfield	State OH	Zip Code 44406-9705	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer M7 Technologies	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		Refund in progress	

Full Name (Last, First, Middle Initial) C. Joseph Giulitto Esq.		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 222 W Main St P.O. Box 350		Transaction ID : C9851018	
City Ravenna	State OH	Zip Code 44266-2744	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerry A. Goodwin

Mailing Address 1412 1st St N
Apt 205

City Jacksonville Beach State FL Zip Code 32250-7376

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : C9851062

Amount of Each Receipt this Period
500.00

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

Mailing Address 738 Dominion Dr

City Kent State OH Zip Code 44240-5016

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

Name of Employer Singleton Reels Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : C9359097

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Crawford T. Harvie

Mailing Address 6537 Thornbrook Cir

City Hudson State OH Zip Code 44236-3552

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

Name of Employer Goodyear Tire & Rubber Occupation Senior V.P., General Counsel & Secreta

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851019

Amount of Each Receipt this Period
250.00

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

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

3250.00

**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 11 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leo Jardot

Mailing Address 6316 Old Chesterbrook Rd

City State Zip Code
Mc Lean VA 22101-4712

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

Name of Employer Occupation
Alignment Government Strategies Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851021

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph S. Kanfer

Mailing Address 4445 Everett Rd

City State Zip Code
Richfield OH 44286-9536

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

Name of Employer Occupation
Go-Jo Industries President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : C9851067

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Pamela E. Kanfer

Mailing Address 4445 Everett Rd

City State Zip Code
Richfield OH 44286-9536

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

Name of Employer Occupation
Go-Jo Industries Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : C9851066

Amount of Each Receipt this Period
5200.00

Refund in progress

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

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

8300.00

**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 12 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George G. Keith

Mailing Address **PO Box 374**

City **Cuyahoga Falls** State **OH** Zip Code **44222-0374**

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

Name of Employer **Keith Godward & Munyer** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851022

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Melissa M. Long

Mailing Address **978 Cottage Gate Dr**

City **Kent** State **OH** Zip Code **44240-1844**

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

Name of Employer **Alliance for Retired Americans, AFL-CI** Occupation **Board Member**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851023

Amount of Each Receipt this Period
500.00

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

Mailing Address **145 Avenue of the Americas**

City **New York** State **NY** Zip Code **10013-1548**

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

Name of Employer **Mangusta productions** Occupation **Film production**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2014

Transaction ID : C9856273

Amount of Each Receipt this Period
25.00

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

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

1525.00

**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 13 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John J. Masternick Jr.

Mailing Address 101 W Liberty St

City State Zip Code
Girard OH 44420-2844

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : C10099168

Amount of Each Receipt this Period
2600.00

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

Mailing Address 12700 Lake Ave
Winton Pl No. 2505

City State Zip Code
Lakewood OH 44107-1508

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

Name of Employer Occupation
Squire Sanders & Dempsey Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : C9851055

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7600 Market St

City State Zip Code
Boardman OH 44512-6078

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

Name of Employer Occupation
Donald P. Pipino Company, LTD President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : C9853464

Amount of Each Receipt this Period
500.00

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

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

4100.00

**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 14 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laurie Pittman

Mailing Address 7661 Infirmary Rd

City: Ravenna State: OH Zip Code: 44266-9765

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

Name of Employer: Supreme Court of Ohio Occupation: Judge

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : C9851024

Amount of Each Receipt this Period: 250.00

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

Mailing Address 2690 Oak Forest Dr

City: Niles State: OH Zip Code: 44446

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

Name of Employer: retired Occupation: retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 210.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : C9857193

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Gary L Roberts

Mailing Address 1655 Woodway Rd

City: Kent State: OH Zip Code: 44240-5915

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

Name of Employer: Rosewood Investments Occupation: Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : C9851026

Amount of Each Receipt this Period: 1000.00

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

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

1260.00

**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 15 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Ruby

Mailing Address 3656 Sparrow Pond Cir

City Akron State OH Zip Code 44333-1770

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

Name of Employer AREA AGENCY ON AGING Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : C9361648

Amount of Each Receipt this Period
 500.00

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

Mailing Address 630 Ambler Cir

City Tallmadge State OH Zip Code 44278-2401

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

Name of Employer Circle Mold Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : C9851061

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Bryan D. Smith

Mailing Address 1645 S Lincoln St

City Kent State OH Zip Code 44240-4448

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

Name of Employer PARTA Occupation Dir. Planning

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851027

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Craig M. Stephens

Mailing Address 2746 Alexander Rd

City Atwater State OH Zip Code 44201-9747

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851028

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3256 lansmere rd

City shaker heights State OH Zip Code 44122

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

Name of Employer AlphaMicron Inc Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : C10095966

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Paul N. Thomarios

Mailing Address 1 Canal 1 Canal Square Plz Suite 1500

City Akron State OH Zip Code 44308-1071

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

Name of Employer Thomarios Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851029

Amount of Each Receipt this Period
1500.00

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

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

5100.00

**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 17 OF 113
	<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)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul N. Thomarios

Mailing Address 1 Canal 1 Canal Square Plz
Suite 1500

City Akron State OH Zip Code 44308-1071

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

Name of Employer Thomarios Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : C9856817

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Mary Anne Walsh

Mailing Address 3538 Narragansett Ave

City Annapolis State MD Zip Code 21403-4932

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

Name of Employer Roetzel & Andress LPA Occupation Government Relations Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1040.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : C10099170

Amount of Each Receipt this Period
250.00

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

Mailing Address 993 Bruce Dr

City Kent State OH Zip Code 44240-2083

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

Name of Employer CrossFit Cadre Occupation Owner/Operator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851031

Amount of Each Receipt this Period
250.00

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

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

1600.00

44385.00

**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 18 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : C9849098

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICA WORKS PAC

Mailing Address PO BOX 15293

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00331694

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C9856493

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
SUITE 200

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C10099166

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**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 19 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 SOUTH PROSPECT AVE
C/O FINANCE DEPARTMENT

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : C9856494

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : C9851033

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C9851050

Amount of Each Receipt this Period
2000.00

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

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

5500.00

**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 20 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 400 N. CAPITOL ST., NW

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C C00007450**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2000.00**

Date of Receipt: **06 / 04 / 2014**

Transaction ID : C9851035

Amount of Each Receipt this Period: **1000.00**

B. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C C00012880**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **3000.00**

Date of Receipt: **05 / 06 / 2014**

Transaction ID : C9848804

Amount of Each Receipt this Period: **1000.00**

C. Full Name (Last, First, Middle Initial)
AMERICAN PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION POLITICAL ACTION COMMITTEE (APAPO)

Mailing Address PO BOX 65353

City: WASHINGTON State: DC Zip Code: 20035

FEC ID number of contributing federal political committee: **C C00522094**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2500.00**

Date of Receipt: **05 / 06 / 2014**

Transaction ID : C9851036

Amount of Each Receipt this Period: **2500.00**

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

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

4500.00

**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 21 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bob Berger for Juvenile/Probate Judge Committee

Mailing Address PO Box 229

City: Ravenna State: OH Zip Code: 44266

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

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : C9850529

Amount of Each Receipt this Period: 250.00

Permissible Funds:

B. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 WESTLAKE PARK BLVD

City: HOUSTON State: TX Zip Code: 77079

FEC ID number of contributing federal political committee: **C** C00060103

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : C9851037

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
CHENIERE ENERGY, INC. PAC

Mailing Address 1445 PENNSYLVANIA AVENUE, NW
SUITE 550

City: WASHINGTON State: DC Zip Code: 20004

FEC ID number of contributing federal political committee: **C** C00430157

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 05 / 06 / 2014

Transaction ID : C9851039

Amount of Each Receipt this Period: 1500.00

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

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

2750.00

**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 22 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FED PAC

Mailing Address PO BOX 18496

City State Zip Code
OKLAHOMA CITY OK 73154

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851038

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : C9338123

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
CUMMINS INC. POLITICAL ACTION COMMITTEE (CIPAC)

Mailing Address 601 PENNSYLVANIA AVENUE, NW
NORTH BUILDING, SUITE 625

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C10099169

Amount of Each Receipt this Period
500.00

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

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

5000.00

**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 23 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 365

City State Zip Code
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : C9338312

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : C9850527

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
EXELIS INC.EMPLOYEES PAC

Mailing Address 1650 TYSONS BLVD.
SUITE 1700

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C C00141002**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : C9338127

Amount of Each Receipt this Period
1000.00

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

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

6000.00

**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 24 OF 113
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 3435

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9851041

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Russ Pry

Mailing Address 554 Weber Ave

City Akron State OH Zip Code 44303-1827

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : C10119382

Amount of Each Receipt this Period
 1000.00

Permissible funds

C. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : C9851042

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

**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 25 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9849101

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : C10099167

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9848789

Amount of Each Receipt this Period
3000.00

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

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

5000.00

**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 26 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9849119

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : C10119381

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 10 G STREET, NE
SUITE 700

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00116145

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : C9856495

Amount of Each Receipt this Period
 1000.00

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

6500.00

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 27 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEYCORP ADVOCATES FUND

Mailing Address 127 PUBLIC SQUARE
OH-01-27-1816

City CLEVELAND State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00073155

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : C9338126

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : C10099165

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9851051

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

**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 28 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : C10099164

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 469 HOSPITAL DR.
SUITE C

City State Zip Code
GASTONIA NC 28054

FEC ID number of contributing federal political committee. **C C00405555**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9848796

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL PROPANE GAS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1899 L STREET, NW
SUITE 350

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00079681**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851046

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**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 29 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NISOURCE INC. PAC

Mailing Address **200 CIVIC CENTER DRIVE**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : C9851047

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **100 WEST WALNUT ST.
T-1110**

City **PASADENA** State **CA** Zip Code **91124**

FEC ID number of contributing federal political committee. **C C00103549**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : C9848802

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC

Mailing Address **1150 17TH STREET NW
SUITE 702**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : C9849100

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 30 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REED ELSEVIER INC. POLITICAL ACTION COMMITTEE

Mailing Address 1150 18TH ST., NW, #600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : C9338128

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 101 ASH STREET, HQ10A1

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : C9851053

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)

Mailing Address 5400 WESTHEIMER COURT

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851048

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
THE GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)

A. Mailing Address 200 INNOVATION WAY

City State Zip Code
AKRON OH 44316

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851043

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA

B. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : C9851032

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

C. Mailing Address 501 THIRD ST. NW 9TH FLOOR

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C9851049

Amount of Each Receipt this Period
 2000.00

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

8000.00

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 32 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16TH ST NW
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2014

Transaction ID : C9848787

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9856497

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 18354 QUANTICO GATEWAY DR
SUITE 200

City TRIANGLE State VA Zip Code 22172

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : C9337822

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 33 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVE, NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : C9856498

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
USEC INC. POLITICAL ACTION COMMITTEE (USEC PAC)

Mailing Address 6903 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C** C00355719

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9849095

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS/VERIZON COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1300 I ST NW
STE 400W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C9848799

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 34 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WOOLPERT INC PAC

Mailing Address 4454 IDEA CENTER BLVD.

City DAYTON State OH Zip Code 45430

FEC ID number of contributing federal political committee. **C** C00479899

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : C9848779

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

1000.00

79750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ABC Home Furnishings, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 888 Broadway		Amount of Each Disbursement this Period 5000.00 Transaction ID : D542869
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Event room fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Adam S. Hamilton Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 11783 Timber Pointe Trail		Amount of Each Disbursement this Period 500.00 Transaction ID : D542872
City Mantua	State OH	
Zip Code 44255	Purpose of Disbursement Event sponsor	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 490.12 Transaction ID : D542822
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5990.12
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 36 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement
Mailing Address PO Box 6416		M M / D D / Y Y Y Y 06 / 17 / 2014
City Carol Stream	State IL	Zip Code 60197-6416
Purpose of Disbursement Telephone expense	Amount of Each Disbursement this Period 556.58	
Candidate Name	Transaction ID : D542970	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement
Mailing Address PO Box 8229		M M / D D / Y Y Y Y 05 / 27 / 2014
City Aurora	State IL	Zip Code 60572-8229
Purpose of Disbursement Telephone expense	Amount of Each Disbursement this Period 108.76	
Candidate Name	Transaction ID : D542798	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) c. Avenue and Main		Date of Disbursement
Mailing Address 1425 Nile Vienna Road		M M / D D / Y Y Y Y 05 / 12 / 2014
City Niles	State OH	Zip Code 44446
Purpose of Disbursement Event sponsor	Amount of Each Disbursement this Period 150.00	
Candidate Name	Transaction ID : D542854	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	815.34
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 37 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 406 7th Street, NW 3rd Floor		Amount of Each Disbursement this Period 751.50 Transaction ID : D542847
City Washington State DC Zip Code 20004	Purpose of Disbursement Website expense Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 406 7th Street, NW 3rd Floor		Amount of Each Disbursement this Period 754.50 Transaction ID : D542848
City Washington State DC Zip Code 20004	Purpose of Disbursement Website expense Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 406 7th Street, NW 3rd Floor		Amount of Each Disbursement this Period 753.50 Transaction ID : D542988
City Washington State DC Zip Code 20004	Purpose of Disbursement Website expense Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2259.50
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 38 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 406 7th Street, NW 3rd Floor		Amount of Each Disbursement this Period 810.50 Transaction ID : D543118
City Washington State DC Zip Code 20004	Purpose of Disbursement Website expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. City of Niles, Ohio		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 34 W State St		Amount of Each Disbursement this Period 85.01 Transaction ID : D543065
City Niles State OH Zip Code 44446-5036	Purpose of Disbursement Utilities	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. City of Niles, Ohio		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 34 W State St		Amount of Each Disbursement this Period 81.76 Transaction ID : D542800
City Niles State OH Zip Code 44446-5036	Purpose of Disbursement Utilities	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	977.27
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 39 OF 113		
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. City Printing		M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 122 Oak Hill Avenue		Amount of Each Disbursement this Period
City	State	Zip Code
Youngstown	OH	44502
Purpose of Disbursement	Category/ Type	Transaction ID : D543100
Printing expense		204.64
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Compass Family & Community Services		M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 535 Marmion Avenue		Amount of Each Disbursement this Period
City	State	Zip Code
Youngstown	OH	44502
Purpose of Disbursement	Category/ Type	Transaction ID : D542856
Event sponsor		100.00
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Crosby Mook Office Equipment		M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 558 High St NE		Amount of Each Disbursement this Period
City	State	Zip Code
Warren	OH	44483-5892
Purpose of Disbursement	Category/ Type	Transaction ID : D542937
Office supplies		106.76
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	411.40
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 40 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Crosby Mook Office Equipment		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 4,000.00 106.91
City Warren State OH Zip Code 44483-5892	Purpose of Disbursement Office supplies	
Candidate Name	Category/Type	Transaction ID : D542795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Delta Telecom, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 1,000.00 167.35
City Poland State OH Zip Code 44514	Purpose of Disbursement Telephone expense	
Candidate Name	Category/Type	Transaction ID : D542825
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Delta Telecom, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 1,000.00 156.84
City Poland State OH Zip Code 44514	Purpose of Disbursement Telephone expense	
Candidate Name	Category/Type	Transaction ID : D542973
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	431.10
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 41 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Telecom, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 231.52 Transaction ID : D543101
City Poland	State OH	
Zip Code 44514	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dominion East Ohio		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 26785		Amount of Each Disbursement this Period 62.58 Transaction ID : D543053
City Richmond	State VA	
Zip Code 23261	Purpose of Disbursement Utilities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dominion East Ohio		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 26785		Amount of Each Disbursement this Period 38.15 Transaction ID : D542794
City Richmond	State VA	
Zip Code 23261	Purpose of Disbursement Utilities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	332.25
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 42 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dominion East Ohio		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address PO Box 26785		Amount of Each Disbursement this Period 27.92 Transaction ID : D542936
City Richmond	State VA Zip Code 23261	
Purpose of Disbursement Utilities	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3407.50 Transaction ID : D542797
City Washington	State DC Zip Code 20013-5214	
Purpose of Disbursement Fundraising consulting fee and expenses	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3324.85 Transaction ID : D543055
City Washington	State DC Zip Code 20013-5214	
Purpose of Disbursement Fundraising consulting fee and expenses	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6760.27
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 43 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hill Country Barbecue		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 410 7th St NW		Amount of Each Disbursement this Period 360.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Fundraising/Catering	Transaction ID : D542992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Huntington Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 166.09
City Hagerstown	State MD	
Zip Code 21740-6600	Purpose of Disbursement Credit card processing fees	Transaction ID : D542832
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Huntington National Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 1558		Amount of Each Disbursement this Period 2.50
City Columbus	State OH	
Zip Code 43224	Purpose of Disbursement Service fee	Transaction ID : D542813
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	528.59
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 44 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Huntington National Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 1558		Amount of Each Disbursement this Period 2.50 Transaction ID : D542952
City Columbus	State OH Zip Code 43224	
Purpose of Disbursement Service fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 38.70 Transaction ID : D543000
City Washington	State DC Zip Code 20003-1911	
Purpose of Disbursement Tolls	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2538.97 Transaction ID : D543001
City Washington	State DC Zip Code 20003-1911	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2580.17
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 45 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matthew Kaplan			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 889.83 Transaction ID : D543002
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Matthew Kaplan			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 2538.97 Transaction ID : D543003
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Matthew Kaplan			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 2458.03 Transaction ID : D542860
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5886.83
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 46 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 59.71 Transaction ID : D542861
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Travel expenses (tolls, meals)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2458.04 Transaction ID : D542862
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 31.85 Transaction ID : D543133
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Gas and meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2549.60
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 47 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2458.04 Transaction ID : D543134
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Andrew Kluge		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 128.80 Transaction ID : D543110
City Ravenna State OH Zip Code 44266-2015	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andrew Kluge		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 737.38 Transaction ID : D543111
City Ravenna State OH Zip Code 44266-2015	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3324.22
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 48 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Kluge			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 416 Lincoln St			Amount of Each Disbursement this Period 737.38	
City Ravenna	State OH	Zip Code 44266-2015	Transaction ID : D542830	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. Andrew Kluge			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 416 Lincoln St			Amount of Each Disbursement this Period 737.38	
City Ravenna	State OH	Zip Code 44266-2015	Transaction ID : D542831	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Andrew Kluge			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 416 Lincoln St			Amount of Each Disbursement this Period 135.46	
City Ravenna	State OH	Zip Code 44266-2015	Transaction ID : D542978	
Purpose of Disbursement Mileage reimbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1610.22
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 49 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Kluge		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 917.80 Transaction ID : D542979
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Andrew Kluge		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 405.64 Transaction ID : D542980
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Andrew Kluge		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 917.80 Transaction ID : D542981
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2241.24
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 50 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Mahoning Valley Italian-Amer Sports Hall

Mailing Address of Fame 358 North Cleveland Avenue

City State Zip Code
Niles OH 44446

Purpose of Disbursement
Event sponsor

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 21 / 2014

Amount of Each Disbursement this Period
600.00

Transaction ID : D543124

Full Name (Last, First, Middle Initial)
B. National Democratic Club

Mailing Address 30 Ivy Street SE

City State Zip Code
Washington DC 20003-4071

Purpose of Disbursement
Dues/Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 20 / 2014

Amount of Each Disbursement this Period
244.88

Transaction ID : D542796

Full Name (Last, First, Middle Initial)
C. NGP VAN, Inc.

Mailing Address 1101 15th Street, NW Suite 500

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Database & Support

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 27 / 2014

Amount of Each Disbursement this Period
1950.00

Transaction ID : D542833

SUBTOTAL of Disbursements This Page (optional)..... 2794.88

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 51 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Niles City Income Tax			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 34 W State Street			Amount of Each Disbursement this Period 393.30		
City Niles	State OH	Zip Code 44446	Transaction ID : D543129		
Purpose of Disbursement Payroll taxes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. OCCHA			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014		
Mailing Address 113 Creed Cir			Amount of Each Disbursement this Period 50.00		
City Campbell	State OH	Zip Code 44405-1204	Transaction ID : D543064		
Purpose of Disbursement Event ticket		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Ohio Department of Job & Family Services			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address PO Box 182404			Amount of Each Disbursement this Period 44.16		
City Columbus	State OH	Zip Code 43218-2404	Transaction ID : D543092		
Purpose of Disbursement Payroll taxes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	487.46
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 52 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ohio Department of Job & Family Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address PO Box 182404		Amount of Each Disbursement this Period 67.61 Transaction ID : D542964
City Columbus	State OH	
Zip Code 43218-2404	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ohio Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 169.92 Transaction ID : D542982
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ohio Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 144.89 Transaction ID : D542983
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	382.42
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 53 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ohio Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 130.06 Transaction ID : D542834
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ohio Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 130.06 Transaction ID : D542835
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ohio Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 130.06 Transaction ID : D543112
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	390.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Perkins Coie		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 572.00 Transaction ID : D542896
City Seattle	State WA	
Zip Code 98101-3099	Purpose of Disbursement Legal services & expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Philip P. Guerra		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1600 Roosevelt Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : D543116
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Administrative consulting fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Stephen Pirigy		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 Transaction ID : D542814
City Niles	State OH	
Zip Code 44446-2737	Purpose of Disbursement Office rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1407.00
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 55 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stephen Pirigy		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 Transaction ID : D542815
City Niles	State OH	
Purpose of Disbursement Office rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Sforza & Walker Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 232		Amount of Each Disbursement this Period 87.36 Transaction ID : D542818
City Warren	State OH	
Purpose of Disbursement Accounting services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Sforza & Walker Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 232		Amount of Each Disbursement this Period 50.00 Transaction ID : D543088
City Warren	State OH	
Purpose of Disbursement Accounting services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	822.36
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 56 OF 113		
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Harry Strawn		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1304 Niles Cortland Rd		Amount of Each Disbursement this Period 140.00 Transaction ID : D542955
City Niles	State OH Zip Code 44446-3514	
Purpose of Disbursement Office cleaning	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tiger Eye Promotions		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 1000 Progress St		Amount of Each Disbursement this Period 1122.77 Transaction ID : D543094
City Greenville	State OH Zip Code 45331	
Purpose of Disbursement Printing expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tiger Eye Promotions		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 1000 Progress St		Amount of Each Disbursement this Period 331.46 Transaction ID : D543095
City Greenville	State OH Zip Code 45331	
Purpose of Disbursement Printing expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1594.23
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 57 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 0901		Amount of Each Disbursement this Period 461.76 Transaction ID : D543096
City Carol Stream	State IL	
Zip Code 60132-0901	Purpose of Disbursement Internet/Cable	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 0901		Amount of Each Disbursement this Period 233.30 Transaction ID : D542965
City Carol Stream	State IL	
Zip Code 60132-0901	Purpose of Disbursement Internet/Cable	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Tom Trotter		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 425 New Jersey Avenue, SE		Amount of Each Disbursement this Period 350.00 Transaction ID : D542903
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event facility fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1045.06
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 58 OF 113		
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1313.29 Transaction ID : D542820
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1313.28 Transaction ID : D542821
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1773.70 Transaction ID : D542966
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4400.27
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 59 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1442.10 Transaction ID : D542967
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1313.28 Transaction ID : D543097
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 42.54 Transaction ID : D543078
City Atlanta State GA Zip Code 30328-3474	Purpose of Disbursement Shipping	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2797.92
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 60 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 26.97
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D542806
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 43.29
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D542807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1555.93
City Gaithersburg	State MD Zip Code 20878	
Purpose of Disbursement Administrative services/Compliance	Candidate Name	Transaction ID : D542968
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1626.19
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 61 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 315 Inspiration Lane			Amount of Each Disbursement this Period 1624.70		
City Gaithersburg	State MD	Zip Code 20878	Transaction ID : D543098		
Purpose of Disbursement Adminstrative services/Compliance		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Youngstown Phantoms Hockey			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address 1140 Paulin Road			Amount of Each Disbursement this Period 300.00		
City Poland	State OH	Zip Code 44514	Transaction ID : D542851		
Purpose of Disbursement Event sponsor		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Staples			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 6004 Youngstown Rd			Amount of Each Disbursement this Period 62.73		
City Niles	State OH	Zip Code 44446	Transaction ID : D542811		
Purpose of Disbursement Office supplies		Category/ Type			
Candidate Name			[MEMO ITEM]		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1924.70
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 62 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 49.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D542804
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 1111.00
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Credit card payment	Transaction ID : D542945
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 12584.21
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Credit card (see below if itemized)	Transaction ID : D543082
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13695.21
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 63 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 259.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D543107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 231.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D543108
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Avis Rent A Car		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3900 NW 25th Ave		Amount of Each Disbursement this Period 260.43
City Miami	State FL	
Zip Code 33142	Purpose of Disbursement Travel/Car rental	Transaction ID : D543122
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 64 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 5818 Youngstown Warren Rd		Amount of Each Disbursement this Period 44.82
City Niles	State OH	
Zip Code 44446-4706		
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Carlyle Food & Beverage		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 35 E 76th St		Amount of Each Disbursement this Period 441.26
City New York	State NY	
Zip Code 10021		
Purpose of Disbursement Meal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 299.00
City Atlanta	State GA	
Zip Code 30320		
Purpose of Disbursement Travel/Airfare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 65 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 468.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel/Airfare	Transaction ID : D543057
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 524.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel/Airfare	Transaction ID : D543058
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Elephants Catering		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1611 SE 7th Ave		Amount of Each Disbursement this Period 227.25
City Portland	State OR	
Zip Code 97214	Purpose of Disbursement Event catering	Transaction ID : D543140
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 66 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 5.42
City Niles	State OH	
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 5.88
City Niles	State OH	
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 1.47
City Niles	State OH	
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 67 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fiola Mare		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3100 K Street Northwest,		Amount of Each Disbursement this Period 351.50
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Meal	Transaction ID : D543141
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 24.39
City Warren	State OH	
Zip Code 44481	Purpose of Disbursement Food for Meeting	Transaction ID : D543059
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 153.50
City Warren	State OH	
Zip Code 44481	Purpose of Disbursement Food for Meeting	Transaction ID : D543060
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 68 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 147.12
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Food for Meeting	Candidate Name	Transaction ID : D543061 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 17.06
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Food for Meeting	Candidate Name	Transaction ID : D543062 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 21.87
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Food for Meeting	Candidate Name	Transaction ID : D543063 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 69 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Godaddy.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 59.88
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D543103
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Godaddy.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 35.88
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website expense	Transaction ID : D543104
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hilton Garden Inn New York		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 790 Eighth Avenue New York, NY		Amount of Each Disbursement this Period 619.80
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Travel/Lodging	Transaction ID : D543146
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 70 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 265.35
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D543090
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 21.35
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D543091
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Hyde Park Prime Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 569 High St		Amount of Each Disbursement this Period 461.36
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Meal	Transaction ID : D543083
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 71 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Internet Hotel Reservations		Date of Disbursement
Mailing Address 2847 S INGRAM MILL RD		M M / D D / Y Y Y Y 04 / 21 / 2014
City Springfield	State MO	Amount of Each Disbursement this Period
Zip Code 65804		303.10
Purpose of Disbursement Travel/Lodging	Category/ Type	Transaction ID : D543148
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Internet Hotel Reservations		Date of Disbursement
Mailing Address 2847 S INGRAM MILL RD		M M / D D / Y Y Y Y 04 / 21 / 2014
City Springfield	State MO	Amount of Each Disbursement this Period
Zip Code 65804		303.10
Purpose of Disbursement Travel/Lodging	Category/ Type	Transaction ID : D543149
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NoPa		Date of Disbursement
Mailing Address 800 F St NW		M M / D D / Y Y Y Y 04 / 21 / 2014
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20004		248.52
Purpose of Disbursement Meal	Category/ Type	Transaction ID : D543154
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 72 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ohio Turnpike		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 682 Prospect Street		Amount of Each Disbursement this Period 16.81
City Berea	State OH	
Zip Code 44017	Purpose of Disbursement Tolls	Transaction ID : D543113
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Old Ebbitt Grill		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 675 15th St NW		Amount of Each Disbursement this Period 254.25
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Meal	Transaction ID : D543093
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Onstar		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099	Purpose of Disbursement Telephone expense	Transaction ID : D543102
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 73 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Panera Bread Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3461 Elm Road		Amount of Each Disbursement this Period 9.07
City Warren	State OH Zip Code 44483	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D543079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Panera Bread Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3461 Elm Road		Amount of Each Disbursement this Period 107.98
City Warren	State OH Zip Code 44483	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D543080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Reese Floral Art		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 49 Vienna Ave		Amount of Each Disbursement this Period 124.90
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D543135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 74 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Reese Floral Art		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 49 Vienna Ave		Amount of Each Disbursement this Period 60.38
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D543136 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ristorante La Perla		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2600 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 144.65
City Washington	State DC	
Zip Code 20037-1621	Purpose of Disbursement Meal	Transaction ID : D543105 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shortstacklab.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 201 W. Liberty Street, #LL-1		Amount of Each Disbursement this Period 30.00
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Website expense	Transaction ID : D543117 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 75 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 18.99
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D543084
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 33.29
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D543087
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. The 201 Bar		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 201 Park Avenue South		Amount of Each Disbursement this Period 1800.00
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Fundraising/Catering	Transaction ID : D543159
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 76 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The William		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 24 E 39th St		Amount of Each Disbursement this Period 347.76
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Travel/Lodging	Transaction ID : D543161
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 26.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airline fee	Transaction ID : D543066
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 468.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543067
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 77 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 261.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543068
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 466.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543069
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 281.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543070
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 78 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 281.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543071
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 427.00
City Arlington	State VA	
Zip Code 22227-0001	Purpose of Disbursement Travel/Airfare	Transaction ID : D543072
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 49.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D543073
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 79 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 4.95
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D543074
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 1.05
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D543075
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 6.15
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D543076
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 80 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 19.99
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ABC Kitchen		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 35 E 18th St		Amount of Each Disbursement this Period 104.28
City New York	State NY	
Zip Code 10003-2003		
Purpose of Disbursement Meal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ABC Kitchen		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 35 E 18th St		Amount of Each Disbursement this Period 6519.39
City New York	State NY	
Zip Code 10003-2003		
Purpose of Disbursement Event catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 81 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 35.00
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Service fee	Transaction ID : D542947 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 471.36
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Service fee	Transaction ID : D542948 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 35.00
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Service fee	Transaction ID : D542808 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 82 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 206.19
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Service fee	Transaction ID : D542809
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 259.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D542828
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 259.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D542975
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 83 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 164.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D542976
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 180.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D542977
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Barbalu		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 227 Front St		Amount of Each Disbursement this Period 301.30
City New York	State NY	
Zip Code 10038	Purpose of Disbursement Meal	Transaction ID : D543026
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 84 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Barbalu		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 227 Front St		Amount of Each Disbursement this Period 41.93
City New York	State NY	
Zip Code 10038	Purpose of Disbursement Meal	Transaction ID : D543027
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Bob Evans Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 1100 N Canfield Niles Rd		Amount of Each Disbursement this Period 87.89
City Youngstown	State OH	
Zip Code 44515-1113	Purpose of Disbursement Meal	Transaction ID : D542971
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 4725 West Ox Road		Amount of Each Disbursement this Period 330.43
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Event food/supplies	Transaction ID : D542853
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 85 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Rent A Car		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 310 W. Wisconsin Avenue		Amount of Each Disbursement this Period 263.04
City Milwaukee	State WI	
Zip Code 53203		[MEMO ITEM]
Purpose of Disbursement Travel/Car rental	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 197.39
City Niles	State OH	
Zip Code 44446		[MEMO ITEM]
Purpose of Disbursement Printing expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 29.31
City Niles	State OH	
Zip Code 44446		[MEMO ITEM]
Purpose of Disbursement Printing expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 86 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 3.32
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 11.53
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 14.19
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 87 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 5414 Youngstown Warren Rd		Amount of Each Disbursement this Period 17.70
City Niles	State OH	
Purpose of Disbursement Printing expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Flemings		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 4000 Medina Rd		Amount of Each Disbursement this Period 54.11
City Akron	State OH	
Purpose of Disbursement Meal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Flemings		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 4000 Medina Rd		Amount of Each Disbursement this Period 1962.47
City Akron	State OH	
Purpose of Disbursement Fundraising/Catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 88 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. FTD		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>22</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		22		2014
M M	/	D D	/	Y Y Y Y									
05		22		2014									
Mailing Address PO BOX 2227		Amount of Each Disbursement this Period											
City Southfield State MI Zip Code 48037 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>85.97</td> </tr> </table> Transaction ID : D542845 [MEMO ITEM]		85.97									
85.97													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. FTD		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>22</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		22		2014
M M	/	D D	/	Y Y Y Y									
05		22		2014									
Mailing Address PO BOX 2227		Amount of Each Disbursement this Period											
City Southfield State MI Zip Code 48037 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>95.00</td> </tr> </table> Transaction ID : D542846 [MEMO ITEM]		95.00									
95.00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
c. Giant Eagle		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>22</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		22		2014
M M	/	D D	/	Y Y Y Y									
06		22		2014									
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period											
City Warren State OH Zip Code 44481 Purpose of Disbursement Food for Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<table border="1"> <tr> <td>11.10</td> </tr> </table> Transaction ID : D542938 [MEMO ITEM]		11.10									
11.10													

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 89 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 25.16
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Food for Meeting	Candidate Name	Transaction ID : D542939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 19.48
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Food for Meeting	Candidate Name	Transaction ID : D542940
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Hampton Inn Chelsea NY		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 108 W 24th St		Amount of Each Disbursement this Period 208.91
City New York	State NY Zip Code 10011	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D542885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 90 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hampton Inn Chelsea NY			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 108 W 24th St			Amount of Each Disbursement this Period 417.82		
City New York	State NY	Zip Code 10011	Transaction ID : D542886		
Purpose of Disbursement Travel/Lodging		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Hampton Inn Chelsea NY			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014		
Mailing Address 108 W 24th St			Amount of Each Disbursement this Period 762.06		
City New York	State NY	Zip Code 10011	Transaction ID : D543008		
Purpose of Disbursement Travel/Lodging		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. House Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014		
Mailing Address B-218 Longworth			Amount of Each Disbursement this Period 497.15		
City Washington	State DC	Zip Code 20515	Transaction ID : D542957		
Purpose of Disbursement Gifts for supporters		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 91 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 599.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542958
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 102.00
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542959
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 732.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542960
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 92 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 31.20
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542961
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 199.50
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542962
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. House Gift Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 93.00
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D542963
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 93 OF 113	
	<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)
TIM RYAN FOR CONGRESS

A. Hyatt Hotel Denver

Full Name (Last, First, Middle Initial)
Mailing Address 650 15TH ST

City Denver State CO Zip Code 80202

Purpose of Disbursement Travel/Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 8.91

Transaction ID : D542888

[MEMO ITEM]

B. Hyatt Hotel Denver

Full Name (Last, First, Middle Initial)
Mailing Address 650 15TH ST

City Denver State CO Zip Code 80202

Purpose of Disbursement Travel/Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 115.50

Transaction ID : D542889

[MEMO ITEM]

C. Hyatt Hotel Denver

Full Name (Last, First, Middle Initial)
Mailing Address 650 15TH ST

City Denver State CO Zip Code 80202

Purpose of Disbursement Travel/Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 1.98

Transaction ID : D542890

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 94 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hyatt Hotel Denver		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 650 15TH ST		Amount of Each Disbursement this Period 507.20
City Denver	State CO Zip Code 80202	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D542891
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Lavagna		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 183.45
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D542993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Lavagna		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 173.55
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D542994
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 95 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lavagna		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 311.80
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D542995
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Lavagna		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 186.70
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D542996
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Ohio Turnpike		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 682 Prospect Street		Amount of Each Disbursement this Period 21.95
City Berea	State OH	
Zip Code 44017	Purpose of Disbursement Tolls	Transaction ID : D542984
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 96 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ohio Turnpike		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 682 Prospect Street		Amount of Each Disbursement this Period 15.54
City Berea	State OH	
Zip Code 44017	Purpose of Disbursement Tolls	Transaction ID : D542836
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Onstar		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099	Purpose of Disbursement Telephone expense	Transaction ID : D542826
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Onstar		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099	Purpose of Disbursement Telephone expense	Transaction ID : D542974
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 97 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PJ Clarke's		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 1600 K Street NW		Amount of Each Disbursement this Period 201.49
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Meal	Transaction ID : D542987
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Reese Floral Art		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 49 Vienna Ave		Amount of Each Disbursement this Period 64.05
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D543005
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Reese Floral Art		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 49 Vienna Ave		Amount of Each Disbursement this Period 64.05
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D542864
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 98 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Reese Floral Art		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 49 Vienna Ave		Amount of Each Disbursement this Period 64.05
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Transaction ID : D542865
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. San Francisco Hilton		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 333 O'Farrell St,		Amount of Each Disbursement this Period 421.74
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Travel/Lodging	Transaction ID : D543044
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address NILES-CORTLAND ROAD		Amount of Each Disbursement this Period 30.00
City Warren	State OH	
Zip Code 44484	Purpose of Disbursement Gas	Transaction ID : D542838
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 99 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shortstacklab.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 201 W. Liberty Street, #LL-1		Amount of Each Disbursement this Period 30.00
City Reno State NV Zip Code 89501	Purpose of Disbursement Website expense	
Candidate Name	Category/Type	Transaction ID : D542844 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shortstacklab.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 201 W. Liberty Street, #LL-1		Amount of Each Disbursement this Period 30.00
City Reno State NV Zip Code 89501	Purpose of Disbursement Website expense	
Candidate Name	Category/Type	Transaction ID : D542986 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Simplicity		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 6402 Arlington Blvd # B150		Amount of Each Disbursement this Period 686.92
City Falls Church State VA Zip Code 22042-2333	Purpose of Disbursement Fundraising/Catering	
Candidate Name	Category/Type	Transaction ID : D543045 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 100 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Simplicity		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 6402 Arlington Blvd # B150		Amount of Each Disbursement this Period 110.00
City Falls Church	State VA Zip Code 22042-2333	
Purpose of Disbursement Fundraising/Catering	Category/Type	Transaction ID : D543046 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 35.20
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Office supplies	Category/Type	Transaction ID : D542949 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 273.43
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Office supplies	Category/Type	Transaction ID : D542950 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 101 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 55.81
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D542951 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 11.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D542816 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 23.00
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D542817 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 102 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 33.30
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D542953
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 28.71
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Gas	Transaction ID : D542954
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 59.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543009
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 103 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014		
Mailing Address 182 HOWARD ST			Amount of Each Disbursement this Period 35.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : D543010		
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014		
Mailing Address 182 HOWARD ST			Amount of Each Disbursement this Period 27.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : D543011		
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Uber			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014		
Mailing Address 182 HOWARD ST			Amount of Each Disbursement this Period 30.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : D543012		
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 104 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 53.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543013 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543014 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 27.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543015 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 105 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 42.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543016
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 44.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 8.72
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543018
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 106 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 16.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543019 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 16.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543020 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.61
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543021 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 107 OF 113	
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Uber		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 16.89
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D543022
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 21.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D542906
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Uni Mart		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 28100 Torch Pkwy		Amount of Each Disbursement this Period 31.70
City Warrenville	State IL	
Zip Code 60555-3938	Purpose of Disbursement Gas	Transaction ID : D542841
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 108 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 25.00
City Arlington	State VA	
Purpose of Disbursement Travel/Airline fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 25.00
City Arlington	State VA	
Purpose of Disbursement Travel/Airline fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 196.00
City Niles	State OH	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 109 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 5.60
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Postage	Transaction ID : D542942
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Vernon's Cafe		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 720 Youngstown Warren Rd		Amount of Each Disbursement this Period 47.24
City Niles	State OH	
Zip Code 44446-3551	Purpose of Disbursement Meal	Transaction ID : D542801
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Virgin America		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 679.00
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel/Airfare	Transaction ID : D542907
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 110 OF 113			
	<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)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Virgin America		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 871.00
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel/Airfare	Transaction ID : D543023
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Virgin America		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 159.00
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel/Airfare	Transaction ID : D543024
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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	Transaction ID
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	70066.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Friends Of Russ Pry		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 554 Weber Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : D542812
City Akron	State OH Zip Code 44303-1827	
Purpose of Disbursement Non-Federal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ravenna Family & Community Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 705 Oakwood Street		Amount of Each Disbursement this Period 250.00 Transaction ID : D543041
City Ravenna	State OH Zip Code 44266	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCPD PAC		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1082 Fox Glove Circle		Amount of Each Disbursement this Period 1000.00 Transaction ID : D543106
City Cuyahoga Falls	State OH Zip Code 44423	
Purpose of Disbursement Non-Federal Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1450.00
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 112 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TIM RYAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Summit County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 438 Grant Street		Amount of Each Disbursement this Period 500.00
City Akron State OH Zip Code 44311	Purpose of Disbursement Non-Federal Contribution	
Candidate Name	Category/Type	Transaction ID : D542901
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	1950.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TIM RYAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address PO Box 297812

City State Zip Code
Fort Lauderdale FL 33329-7812

Nature of Debt (Purpose):
Credit card

Outstanding Balance Beginning This Period **Transaction ID : D542810**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

24998.14 1111.00 23887.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	23887.14
2) TOTALS This Period (last page this line number only)	23887.14
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	23887.14