

# 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

Ryman Shoaf for Congress

ADDRESS (number and street)

PO Box 551204

Check if different than previously reported. (ACC)

Jacksonville

FL

32255-1204

2. FEC IDENTIFICATION NUMBER ▼

C C00558353

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

04

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

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 Henrietta Watson

Signature of Treasurer Henrietta Watson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Ryman Shoaf 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))....	18706.70	13746.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18706.70	13746.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15510.81	5855.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15510.81	5855.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11086.78	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ryman Shoaf for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12471.70	11400.00
(ii) Unitemized.....	4500.00	2346.00
(iii) TOTAL of contributions from individuals ▶	16971.70	13746.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1735.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18706.70	13746.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	18706.70	13746.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15510.81	5855.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	15510.81	5855.11

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7890.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18706.70
25. SUBTOTAL (add Line 23 and Line 24).....	26597.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15510.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11086.78

**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 17
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jerry Arnold</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 44360 Cattle Bend Lane		<b>Transaction ID : SA11AI.4361</b>	
City Callahan	State FL	Zip Code 32011	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Skinner Brightman C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 6210 San Jose Blvd W		<b>Transaction ID : SA11AI.4386</b>	
City Jacksonville	State FL	Zip Code 32217	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Dairy Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Jimmie H Carpenter</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 7406 Laura St N		<b>Transaction ID : SA11AI.4351</b>	
City Jacksonville	State FL	Zip Code 32208	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/a	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 6 OF 17
	<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)  
**Ryman Shoaf for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley L Carraway**

Mailing Address 2971 Scott Circle

City Jacksonville State FL Zip Code 32223

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : SA11AI.4423**

Amount of Each Receipt this Period  
 300.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Durwin W Davis**

Mailing Address 8458 Stocks Road

City Jacksonville State FL Zip Code 32220

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
 100.00  
 Contributions

**C.** Full Name (Last, First, Middle Initial)  
**Elmer W Day**

Mailing Address 199 Howardtown Road

City Mocksville State NC Zip Code 27028

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

Name of Employer Self Employed Occupation Air Conditioning Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.4330**

Amount of Each Receipt this Period  
 300.00  
 Contribution

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

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

700.00

**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 17
	<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)  
**Ryman Shoaf for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vincent Dreyer**

Mailing Address 13605 Angelica Ct

City Chantilly State VA Zip Code 20151

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael S Euwema**

Mailing Address 3699 Thousand Oaks Dr

City Orange Park State FL Zip Code 21065

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

Name of Employer Self Employed Occupation Present

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
521.70

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
 Contribution 521.70

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas L Garpetti Jr.**

Mailing Address 1015 Atlantic Blvd #242

City Jacksonville State FL Zip Code 32233

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

Name of Employer Self Employed Occupation Pres

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : SA11AI.4286**

Amount of Each Receipt this Period  
 Contribution 300.00

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

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

1071.70

**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 17
	<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)  
**Ryman Shoaf for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Helen Heath**

Mailing Address 4128 Tradewinds Drive

City Jacksonville Beach State FL Zip Code 32250

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.4425**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**D Kabbani**

Mailing Address 12572 Briarstead Lane

City Jacksonville State FL Zip Code 32258

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.4376**

Amount of Each Receipt this Period  
 Contribution 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Le Anne King**

Mailing Address 13103 Silktree Lane West

City Jacksonville State FL Zip Code 32246

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

Name of Employer Self Employed Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.4359**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1300.00

**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 17
	<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)  
**Ryman Shoaf for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry G Madden**

Mailing Address 5200 Belfort Road  
#410

City Jacksonville State FL Zip Code 32256

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4421**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fitzhugh K Powell**

Mailing Address 219 Newnan Street

City Jacksonville State FL Zip Code 32202

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

Name of Employer Cecil W Powell & Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.4380**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret C Powell**

Mailing Address 2965 Forest Circle

City Jacksonville State FL Zip Code 32257

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period  
 Contribution 2000.00

**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 10 OF 17
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>William E Powell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 219 Newnan St		<b>Transaction ID : SA11AI.4382</b>	
City Jacksonville	State FL	Zip Code 32202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Greenland Parklands	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Fitzhugh K Powell Trust</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address PO Drawer 41490		<b>Transaction ID : SA11AI.4390</b>	
City Jacksonville	State FL	Zip Code 32203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer N/A	Occupation N/A		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>Kenneth Tosh</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 11536 Thornhill Place		<b>Transaction ID : SA11AI.4416</b>	
City Bryceville	State FL	Zip Code 32009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Tom Meels Trucking	Occupation Mechanic		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 11 OF 17
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Tosh</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 11536 Thornhill Place		<b>Transaction ID : SA11AI.4349</b>
City Bryceville	State FL	
Zip Code 32009		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Tom Meels Trucking	Occupation Mechanic	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas Walker</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address Atlantic Blvd		<b>Transaction ID : SA11AI.4402</b>
City Jacksonville	State FL	
Zip Code 32002		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self employed	Occupation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Shawn L Wright</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1600 Granby St Apt 126		<b>Transaction ID : SA11AI.4332</b>
City Norfolk	State VA	
Zip Code 23610		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	12471.70

**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 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>Ryman Shoaf</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address PO Box 551204		<b>Transaction ID : SA11D.4435</b>	
City Jacksonville	State FL	Zip Code 32255-1204	
FEC ID number of contributing federal political committee. C H2TN07111		Amount of Each Receipt this Period 210.00	
Name of Employer N/A	Occupation Retired Naval Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

Full Name (Last, First, Middle Initial) <b>Ryman Shoaf</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address PO Box 551204		<b>Transaction ID : SA11D.4432</b>	
City Jacksonville	State FL	Zip Code 32255-1204	
FEC ID number of contributing federal political committee. C H2TN07111		Amount of Each Receipt this Period 1225.00	
Name of Employer N/A	Occupation Retired Naval Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1435.00		

Full Name (Last, First, Middle Initial) <b>Ryman Shoaf</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address PO Box 551204		<b>Transaction ID : SA11D.4433</b>	
City Jacksonville	State FL	Zip Code 32255-1204	
FEC ID number of contributing federal political committee. C H2TN07111		Amount of Each Receipt this Period 300.00	
Name of Employer N/A	Occupation Retired Naval Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1735.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1735.00
<b>TOTAL</b> This Period (last page this line number only).....	1735.00

**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 13 OF 17	
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. Florida Sign Source</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 505 West Robinson St		Amount of Each Disbursement this Period 2286.50 <b>Transaction ID : SB17.4299</b>
City Orlando State FL Zip Code 32801	Purpose of Disbursement Yard Signs 006 Category/Type	
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04		

Full Name (Last, First, Middle Initial) <b>B. TWG &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4291</b>
City Jacksonville State FL Zip Code 32255	Purpose of Disbursement Consulting 003 Category/Type	
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04		

Full Name (Last, First, Middle Initial) <b>c. TWG &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4297</b>
City Jacksonville State FL Zip Code 32255	Purpose of Disbursement Consulting 003 Category/Type	
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6286.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. TWG &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period Transaction ID : SB17.4304
City Jacksonville	State FL	
Purpose of Disbursement Consulting	Zip Code 32255	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Ryman Shoaf for Congress</b>	Category/ Type 003	
Office Sought: <input checked="" 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: FL District: 04		

Full Name (Last, First, Middle Initial) <b>B. TWG Technologies</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period Transaction ID : SB17.4290
City Jacksonville	State FL	
Purpose of Disbursement iElect App	Zip Code 32255	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Ryman Shoaf for Congress</b>	Category/ Type 003	
Office Sought: <input checked="" 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: FL District: 04		

Full Name (Last, First, Middle Initial) <b>c. TWG Technologies</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period Transaction ID : SB17.4296
City Jacksonville	State FL	
Purpose of Disbursement iElect App	Zip Code 32255	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Ryman Shoaf for Congress</b>	Category/ Type 006	
Office Sought: <input checked="" 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: FL District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. TWG Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 551204		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4303</b>
City Jacksonville	State FL	
Zip Code 32255	Purpose of Disbursement iElect App	Category/ Type 003
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>B. Henrietta Watson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1353 Pinewood Road		Amount of Each Disbursement this Period 1062.50 <b>Transaction ID : SB17.4293</b>
City Jacksonville Beach	State FL	
Zip Code 32250	Purpose of Disbursement Financial Reporting	Category/ Type 001
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>c. Henrietta Watson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1353 Pinewood Road		Amount of Each Disbursement this Period 312.50 <b>Transaction ID : SB17.4298</b>
City Jacksonville Beach	State FL	
Zip Code 32250	Purpose of Disbursement Bal of Q1 filing	Category/ Type 001
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2375.00
<b>TOTAL</b> 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 16 OF 17	
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. Henrietta Watson</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1353 Pinewood Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4302</b>
City Jacksonville Beach	State FL	
Zip Code 32250	Purpose of Disbursement Financial Reporting May	Category/ Type 001
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>B. Winning Concepts USA</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 950-19 Blanding Blvd		Amount of Each Disbursement this Period 294.25 <b>Transaction ID : SB17.4301</b>
City Orange Park	State FL	
Zip Code 32065	Purpose of Disbursement Palm Cards	Category/ Type 006
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>c. Winning Concepts USA</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 950-19 Blanding Blvd		Amount of Each Disbursement this Period 264.55 <b>Transaction ID : SB17.4305</b>
City Orange Park	State FL	
Zip Code 32065	Purpose of Disbursement Bumoer Stickers	Category/ Type 006
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1058.80
<b>TOTAL</b> 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 17 OF 17	
	<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)  
**Ryman Shoaf for Congress**

Full Name (Last, First, Middle Initial) <b>A. Winning Concepts USA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 950-19 Blanding Blvd		Amount of Each Disbursement this Period 481.50 <b>Transaction ID : SB17.4306</b>
City Orange Park	State FL	
Zip Code 32065	Purpose of Disbursement Palm Cards	Category/ Type 006
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>B. Winning Concepts USA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 950-19 Blanding Blvd		Amount of Each Disbursement this Period 492.20 <b>Transaction ID : SB17.4307</b>
City Orange Park	State FL	
Zip Code 32065	Purpose of Disbursement Metal Stakes for yard signs	Category/ Type 006
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

Full Name (Last, First, Middle Initial) <b>c. Winning Concepts USA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 950-19 Blanding Blvd		Amount of Each Disbursement this Period 395.90 <b>Transaction ID : SB17.4308</b>
City Orange Park	State FL	
Zip Code 32065	Purpose of Disbursement Buttons	Category/ Type 006
Candidate Name <b>Ryman Shoaf for Congress</b>	Office Sought: <input checked="" 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: FL District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1369.60
<b>TOTAL</b> This Period (last page this line number only).....	15089.90