RECEIVED
FEC MAIL
OPERATIONS CENTER

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
PAUL D. RYAN

(b) Address (number and street) ☐ Check if address changed
221 EAST HOLMES ST.

2. Identification Number
H8WI01024

(c) City, State, and ZIP Code
JANESVILLE, WI 53545

3. Is This Statement ☐ New (N) OR ☐ Amended (A)

4. Party Affiliation
REPUBLICAN

5. Office Sought
HOUSE OF REPRES.

6. State & District of Candidate
WI - 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
RYAN FOR CONGRESS

(b) Address (number and street)
P.O. BOX 1919 / 34 S MAIN STREET

(c) City, State, and ZIP Code
JANESVILLE, WI 53547-1919

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A [ ] for the primary election, and

9B [ ] for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Signature of Candidate: Paul Ryan

Date: 07-21-03

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

5. TYPE OF COMMITTEE (Check One)

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

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

Name of Candidate

Candidate Party Affiliation [illegible] Office Sought: [X] House [ ] Senate [ ] President State [illegible] District [illegible]

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

Name of Candidate PAUL C. RYAN

(d) [X] This committee is a [illegible] (National, State or subordinate) committee of the [illegible] (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 7-23-03
☐	First Class Mail	POSTMARKED
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☐	Received from the Senate Office of Public Records	Date of Receipt
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	PREPARER	7-23-03 DATE PREPARED

(6/2000)