

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
 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
 CITY STATE ZIP CODE STATE DISTRICT
 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 05 / 06 / 2014 in the State of OH

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 16 / 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 04 / 24 / 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.

Office Use Only							
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TIM RYAN 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 04 / 16 / 2014

	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))....	2250.00	655226.00
(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)).....	2250.00	652026.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15364.94	457812.49
(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)).....	15364.94	457091.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	335257.25	
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).....	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

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).....	0.00	286040.00
(ii) Unitemized.....	250.00	23386.00
(iii) TOTAL of contributions from individuals ▶	250.00	309426.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	345800.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2250.00	655226.00
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)..... ▶	2250.00	656662.12

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15364.94	457812.49
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	760.00	47093.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16124.94	508105.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	349132.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2250.00
25. SUBTOTAL (add Line 23 and Line 24).....	351382.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16124.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	335257.25

**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 13
	<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	

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

A. 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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : C9307684

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA
1-32-301

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

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 / 11 / 2014

Transaction ID : C9316885

Amount of Each Receipt this Period
1000.00

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**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 6 OF 13	
	<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 M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 554.45 Transaction ID : D535609
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 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 / 01 / 2014
Mailing Address 34 W State St		Amount of Each Disbursement this Period 71.32 Transaction ID : D535590
City Niles	State OH	
Zip Code 44446-5036	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. City Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 122 Oak Hill Avenue		Amount of Each Disbursement this Period 2438.75 Transaction ID : D535613
City Youngstown	State OH	
Zip Code 44502	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3064.52
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 7 OF 13	
	<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 04 / 07 / 2014
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 109.53
City Warren	State OH Zip Code 44483-5892	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D535607
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. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3302.51
City Washington	State DC Zip Code 20013-5214	
Purpose of Disbursement Fundraising consulting fee and expenses	Candidate Name	Transaction ID : D535604
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. Huntington Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 492.13
City Hagerstown	State MD Zip Code 21740-6600	
Purpose of Disbursement Merchant fees	Candidate Name	Transaction ID : D535599
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3904.17
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 8 OF 13			
	<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. IFH Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 33 W Wilson Ave		Amount of Each Disbursement this Period 225.00 Transaction ID : D535617
City Girard	State OH	
Purpose of Disbursement Event sponsor	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. Matthew Kaplan		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 215 C Street, SE Apt. 207		Amount of Each Disbursement this Period 2458.03 Transaction ID : D535595
City Washington	State DC	
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 / 15 / 2014
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 737.38 Transaction ID : D535594
City Ravenna	State OH	
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).....	3420.41
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 9 OF 13
	<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. Nicole Lindstrom		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 26 Dobbin Street		Amount of Each Disbursement this Period 250.00 Transaction ID : D535606
City Brooklyn	State NY	
Zip Code 11222	Purpose of Disbursement Fundraising event 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. Mitolo's Flower Shoppe		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 800 Warren Ave		Amount of Each Disbursement this Period 58.71 Transaction ID : D535610
City Niles	State OH	
Zip Code 44446-1139	Purpose of Disbursement Flowers	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. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 324.13 Transaction ID : D535612
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Dues/Meals	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).....	632.84
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 10 OF 13		
	<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 04 / 15 / 2014
Mailing Address PO Box 530		Amount of Each Disbursement this Period 852.42 Transaction ID : D535597
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:	

Full Name (Last, First, Middle Initial) B. Stephen Pirigy		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 Transaction ID : D535602
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 checked="" type="checkbox"/> Primary <input 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 / 07 / 2014
Mailing Address PO Box 232		Amount of Each Disbursement this Period 37.36 Transaction ID : D535605
City Warren	State OH	
Zip Code 44482-0232	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).....	852.42
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 11 OF 13		
	<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 M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1304 Niles Cortland Rd		Amount of Each Disbursement this Period 175.00 Transaction ID : D535598
City Niles State OH Zip Code 44446-3514	Purpose of Disbursement Office cleaning	
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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1313.29 Transaction ID : D535596
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. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1507.50 Transaction ID : D535601
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement Administrative services/Compliance	
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).....	2995.79
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 12 OF 13	
	<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. Tim J. Ryan		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 560 Amber Dr SE		Amount of Each Disbursement this Period 149.18 Transaction ID : D535592
City Warren	State OH Zip Code 44484-5812	
Purpose of Disbursement Expenses (see below if itemized)		Category/ Type
Candidate Name Timothy J Ryan		
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: OH District: 17		

Full Name (Last, First, Middle Initial) B. Uber Headquarters		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 149.18 Transaction ID : D535711 [MEMO ITEM]
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation		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.		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		Category/ Type
Candidate Name		
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).....	149.18
TOTAL This Period (last page this line number only).....	15019.33

**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 13	
	<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 Nina Turner		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 340 E Fulton St		Amount of Each Disbursement this Period 560.00
City Columbus	State OH Zip Code 43215-5418	
Purpose of Disbursement Non-Federal contribution		Transaction ID : D535603
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)	Category/ Type
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		Category/ Type
Candidate Name		
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)	Category/ Type
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		Category/ Type
Candidate Name		
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)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	560.00